



MONTANA CANCER  
CONTROL PROGRAMS

**MONTANA CENTRAL TUMOR REGISTRY  
ABSTRACTING MANUAL  
2010**

**For use with the TUMOR REGISTRY ABSTRACT FORM  
TR-003 Revised 8/10**

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# **General Principles**

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## **PREFACE**

Construction of this manual is modeled from the Facility Oncology Registry Data Standards 2010 (FORDS). Implementation of this manual will be required with cancer cases diagnosed on or after January 1, 2010. FORDS has been written to ensure that cancer registry data support the meaningful evaluation of patient diagnosis and treatment and that these data are collected with standardized quality control mechanisms.

Required fields are either required by the Montana Central Tumor Registry law (Duty to Report Tumors 50-15-703), Administrative Rules of Montana (37.8.1801 – 37.8.1808), Public Law 102-515 (Cancer Registries Amendment Act), or NPCR Required Status Table under cooperative agreement with the Centers for Disease Control and Prevention, PA 02060, National Program of Cancer Registries (cooperative agreement number U58/DP000765).

## **PURPOSE**

Central cancer registries are organizations that collect, store, analyze, and interpret cancer data on people who are diagnosed and/or treated for cancer in population-based areas. The primary objective of the MCTR is to analyze the incidence, mortality, survival, and the changing frequency of cancer in Montana residents. Analysis is possible with complete case, complete data, timely and quality data reporting.

## **CASEFINDING**

Casefinding is the method of locating all eligible cancer cases and retrieving the required information on all patients diagnosed with or treated for cancer who are to be included in the MCTR. Casefinding will identify both new cases and cases already entered. Active casefinding (involves the registrar retrieving all source documents) is recommended for identifying reportable cases. Reportable cases could easily be missed with passive casefinding as non-registry staff are not familiar with reporting criteria and terminology. For example, non-registry staff could miss the collection of cases with terms that may not sound cancerous (such as linitis plastica or Waldenstrom's macroglobulinemia).

A procedure for obtaining complete and relevant data on all cancer patients with a reportable tumor should be established. The following casefinding sources may identify possible cancer cases:

- Pathology reports (histology, cytology, autopsy, bone marrow, hematology)
- Medical Record Disease Index
- History and Physical
- Consultation Notes
- Progress Notes
- Discharge Summary
- Daily admissions and discharges
- Notes from physician's offices
- Diagnostic Imaging reports (X-ray, MRI, CAT scans)
- Surgery schedule
- Medical oncology logs
- Radiation oncology logs

These sources should be checked thoroughly and periodically to ensure that all cancer patients receiving inpatient or outpatient services from the hospital are included in the registry.

## **REFERENCE DATE**

The reference date is the start date after which all eligible cases must be included in the tumor registry. The Montana Legislature established Montana's reference date as January 1, 1979.

## REPORTABLE LIST

According to the Administrative Rules of Montana (37.8.1801), the following tumors are to be submitted for reporting. Hospitals are required to submit reportable cancer cases to the MCTR within six months after the patient's discharge date. The list is based on those cases which are categorized as malignant, in-situ, or benign (for types listed below) by the International Classification of Diseases for Oncology.

- A. All malignant neoplasms (including in-situ) (behavior code 2 or 3)

**EXCEPTION:** Basal Cell Carcinoma (BCC) or Squamous Cell Carcinoma (SCC) of skin (C44.\_).

**NOTE:** BCC and SCC of the labia (C51.0-C51.1), vagina (C52.9), vulva (C51.9), clitoris (C51.2), penis (C60.1-C60.9), scrotum (C63.2), prepuce (C60.0), and anus (C21.0) must be included. Carcinoma in-situ of the cervix (CIS), intraepithelial neoplasia grade III (8077/2) of the cervix (CIN III), prostate (PIN III), vulva (VIN III), vagina (VAIN III), and anus (AIN III) are reportable because of their in-situ classification. These cases are not required by the Commission on Cancer but are not excluded in the Montana Law or Administrative Rules 37.8.1801 and must be reported.

- B. All benign tumors of the brain (behavior code 0 or 1)

**INCLUDES:** meninges (C70.\_), brain (C71.\_), spinal cord, cranial nerves, and other parts of the CNS (C72.\_), pituitary gland (C75.1), craniopharyngeal duct (C75.2), and pineal gland (C75.3)

- C. All carcinoid tumors (malignant, benign, and NOS)

- D. Ambiguous Terms (*with indication of reportable cancer*) without additional information

- |                       |                              |
|-----------------------|------------------------------|
| • Apparent(ly)        | • Presumed                   |
| • Appears             | • Probable                   |
| • Comparable with     | • Suspect(ed)                |
| • Compatible with     | • Suspicious (for)           |
| • Consistent with     | • Typical (of)               |
| • Favor(s)            | • Neoplasm or Tumor          |
| • Malignant appearing | for C70.0-C72.9, C75.1-C75.3 |
| • Most likely         |                              |

**Exception:** If a cytology is reported as *suspicious*, do not interpret it as a diagnosis of cancer. Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

Examples of reportable ambiguous terms:

1. Chest x-ray states *consistent with carcinoma* of the right upper lobe of the lung. The patient refused further work-up or treatment.
2. Mammogram documents *suspicious for malignancy*.
3. CT of brain *suspicious for neoplasm*. Neoplasm is reportable for C70.0-C72.9, C75.1-C75.3.

Examples of non-reportable ambiguous terms:

1. Chest x-ray states *consistent with neoplasm* of left upper lobe of lung. While "consistent with" can indicate a problem, "neoplasm" without indication of malignancy is not reportable except for non-malignant primary intracranial and CNS tumors.
2. Mammogram notes *possible carcinoma* of the breast. "Possible" is not on the reportable list.
3. Mammogram notes *suspicious density*. While "suspicious" can indicate a problem, "density" is not indicative of cancer.

Non-analytic cases are required to be reported to the Montana Central Tumor Registry.

Genetic findings in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute a diagnosis.



## Reportable ICD-9-CM Codes (review for reportability)

|                        |   |
|------------------------|---|
| <u>042</u>             | AIDS ( <i>review for AIDS-related malignancies</i> )  |
| <u>140.0 - 208.92</u>  | Malignant neoplasms <b>except 173.0 - 173.9</b>   |
| <u>209.00 - 209.69</u> | Carcinoid tumors (any behavior) and neuroendocrine tumor (malignant only)                                   |
| <u>209.70-209.79</u>   | Secondary neuroendocrine tumors (effective 10/1/09)   |
| <u>225.0 - 225.9</u>   | Benign neoplasms of brain and spinal cord   |
| <u>227.3 - 227.4</u>   | Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures        |
| <u>228.02</u>          | Hemangioma of intracranial structures   |
| <u>230.0 - 234.9</u>   | Carcinoma in-situ <b>except 232.0 - 232.9</b>   |
| <u>236.0</u>           | Stromal endometriosis (8931/3 per ICD-O-3)  |
| <u>237.0 - 237.9</u>   | Neoplasm of uncertain behavior of endocrine glands and nervous system <b>except 237.2 - 237.4</b>           |
| <u>238.4</u>           | Polycythemia vera (9950/3)  |
| <u>238.6</u>           | Solitary plasmacytoma (9731/3), extramedullary plasmacytoma (9734/3)  |
| <u>238.71</u>          | Essential thrombocythemia (9962/3)  |
| <u>238.72</u>          | Low grade myelodysplastic syndrome lesions (includes 9980/3, 9982/3, 9985/3), Refractory anemia             |
| <u>238.73</u>          | High grade myelodysplastic syndrome lesions (includes 9983/3), Refractory anemia with excess blasts         |
| <u>238.74</u>          | Myelodysplastic syndrome with 5q deletion (9986/3)  |
| <u>238.75</u>          | Myelodysplastic syndrome, unspecified (9985/3)  |
| <u>238.76</u>          | Myelofibrosis with myeloid metaplasia (9961/3)  |
| <u>238.79</u>          | Other lymphatic and hematopoietic tissues (includes 9960/3, 9961/3, 9970/1, 9931/3)                         |
| <u>239.6-239.7</u>     | Neoplasms of unspecified behavior of brain and other parts of nervous system                                |
| <u>273.2</u>           | Gamma heavy chain disease (9762/3); Franklin's disease (9762/3)   |
| <u>273.3</u>           | Waldenstrom's macroglobulinemia (9761/3)  |
| <u>288.3</u>           | Hypereosinophilic syndrome (9964/3)   |
| <u>289.83</u>          | Chronic Myelofibrosis (NOS) (9961/3)  |
| <u>338.3</u>           | Neoplasm-related pain (acute) (chronic); Cancer associated pain; Pain due to malignancy                     |
| <u>511.81</u>          | Malignant pleural effusion  |
| <u>528.01</u>          | Mucositis due to antineoplastic therapy   |
| <u>V07.39</u>          | Other prophylactic chemotherapy ( <i>review for reportability</i> )   |
| <u>V07.8</u>           | Other specified prophylactic measures ( <i>review for reportability</i> )                                   |
| <u>V10.00 - V10.9</u>  | Personal history of malignancy ( <i>review for recurrence, subsequent cancers, and/or subsequent tx</i> )   |
| <u>V58.0-V58.12</u>    | Encounter or admission for radiotherapy, chemotherapy, or immunotherapy ( <i>review for reportability</i> ) |
| <u>V66.1-V66.2</u>     | Convalescence following radiotherapy or chemotherapy ( <i>review for reportability</i> )                    |
| <u>V67.1-V67.2</u>     | Follow-up exam following radiotherapy or chemotherapy ( <i>review for reportability</i> )                   |
| <u>V86.0 - V86.1</u>   | Estrogen receptor positive or negative status [ER + / ER -]   |
| <u>E879.2</u>          | Adverse effect of radiation therapy   |
| <u>E930.7</u>          | Adverse effect of antineoplastic antibiotics  |
| <u>E933.1</u>          | Adverse effect of antineoplastic and immunosuppressive drugs  |

## Non-Reportable Cancers

- A. Patients with a history of malignancy who are clinically free of disease when seen at your facility.
- B. Patients with skin cancer that do not meet the histology requirements in the Reportable List.
- C. Patients diagnosed with a probable carcinoma and subsequently ruled out (see list of Ambiguous Terms).

**Example:** A patient was diagnosed with probable lung carcinoma in June 1995 and a biopsy performed in July 1995 revealed no evidence of cancer.

- D. Patients who receive transient care to avoid interrupting a course of therapy started elsewhere.

**Example:** A patient who lives in Idaho is visiting and receives scheduled chemotherapy started in Idaho.

- E. Out-of-state patients with a history of or evidence of cancer who are not receiving cancer treatment or are seen for an unrelated medical condition.

## **QUALITY CONTROL**

Accuracy and consistency are essential in tumor registry reporting. A computerized tumor registry should conduct minimal data quality checks. This includes visual review of abstracts and computerized edit checks on each abstract prior to submission to the MCTR. The MCTR will perform quality assurance tasks upon receipt of abstracts from each reporting institution. Review procedures may include visual review of abstracts, review of accession register and abstracts, and periodic re-abstracting of cases. The reporting facility will be required to resolve incomplete, incorrect, or inconsistent data upon MCTR query.

## **FOLLOW-UP**

Annual follow-up of patients is an important cancer registry function. The MCTR conducts yearly lifetime follow-up on all reported cases. Follow-up is based on the date of last contact and is delinquent (lost) if no contact has been made within 15 months after the date of last follow-up information. Cases that are lost-to-follow-up (delinquent) should remain in the follow-up process until follow-up information is obtained.

Follow-up data must include the date(s) and type(s) of treatment for cancer, the site(s) of distant metastasis, date and type of recurrence, subsequent treatment for progressive disease or recurrence, the site and histology of any subsequent primary, the date of last contact, the patient's current physician, and the status of the patient and the cancer.

## **CONFIDENTIALITY**

All data concerning cancer patients is held in strict confidence by the MCTR. Confidentiality is of paramount importance; the privacy of patients, physicians, and hospitals is strictly maintained. As it is elsewhere, confidentiality is an issue of increasing concern to cancer registries. The policy of the MCTR does not release any patient identifying information to third parties. Data is released only in statistically summarized form so that individual patients, hospitals, or physicians cannot be identified. Further, statistically summarized information is released only to individuals or organizations who are qualified to perform and interpret data analyses and who employ safeguards against any unauthorized disclosure.

## **PROCEDURE MANUAL**

Tumor registries should maintain a complete, up-to-date procedure manual that documents each phase of its operations. A procedure manual is a valuable and necessary tool used to organize and maintain an effective, efficient program. When adhered to, this manual will ensure a smooth operation with consistent and accurate abstracting, systematic and continuous follow-up, and complete and timely reporting.

The procedure manual should contain:

- The objectives of the cancer registry
- Job descriptions and specifications of registry positions
- Case eligibility criteria
- The reportable list
- Procedures for casefinding, maintaining and using a suspense file, and accessioning
- A description of the registry filing system
- Documentation of data collection methods, including principles of abstracting, detailed definitions for each data item, references used for coding systems, if applicable, and staging systems used
- Follow-up procedures
- Documentation of quality control procedures
- A description of reporting mechanisms
- Policy statements about confidentiality and release of information

## DATE OF FIRST CONTACT

The *Date of First Contact* is the date of the facility's first inpatient or outpatient contact with the patient for diagnosis or treatment of the cancer. Usually, the *Date of First Contact* is the date of admission for diagnosis or for treatment. If the patient was admitted for non-cancer-related reasons, the *Date of First Contact* is the date the cancer was first suspected during the hospitalization. If the patient's diagnosis or treatment is as an outpatient of the facility, the *Date of First Contact* is the date the patient first appeared at the facility for that purpose.

If the state or regional registry requires pathology-only cases to be abstracted and reported, the *Date of First Contact* is the date the specimen was collected.

## UNIQUE PATIENT IDENTIFIERS

*Accession Number* and *Sequence Number* uniquely identify the patient and the tumor. Each cancer patient in a registry is assigned a unique accession number, and each primary diagnosed for that patient is assigned a sequence number. The accession number never changes.

- Accession numbers are never reassigned, even if a patient is removed from the registry.
- The sequence number is the sequence of all tumors over a lifetime of a patient and is counted throughout the patient's lifetime.
- A registry may contain a single abstract for a patient with a sequence number of 02, because the first tumor had been either diagnosed and treated elsewhere or diagnosed and/or treated before the facility's reference date. Because of differences in requirements, however, it is still possible for two registries with dissimilar eligibility requirements (for example, a facility registry and a state central registry) to assign different sequence numbers to the same tumor, even though the sequence number codes and instructions applied are the same.

## NATIONAL PROVIDER IDENTIFIER

The National Provider Identifier (NPI) is a unique identification number for health care providers that was implemented in 2007 and 2008 by the Centers for Medicare and Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008. Individual item descriptions in this manual should be reviewed for specific coding instructions.

## CANCER IDENTIFICATION

Follow the instructions in the ICD-O-3 section, "Coding Guidelines for Topography and Morphology" (ICD-O-3 pp. 19-42) to code *Primary Site*, *Histology*, *Behavior Code*, and *Grade/Differentiation*.

## MULTIPLE PRIMARIES

The most recent **SEER Multiple Primary and Histology Coding Rules** contain site-specific rules for lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant and nonmalignant brain primaries. A separate set of rules addresses the specific and general rules for all other sites. The multiple primary rules guide and standardize the process of determining the number of primaries. The histology rules contain detailed histology and coding instructions.

The **SEER Multiple Primary and Histology Coding Rules** do not apply to hematopoietic and lymphoid tumors. Use the **Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual** and the **Hematopoietic and Lymphoid Neoplasms Database** to code hematopoietic primaries (lymphoma and leukemia M9590-9989) diagnosed on January 1, 2010 or later. Use the tables in Appendix A only for hematopoietic and lymphoid cases diagnosed prior to 2010. Primary site and timing are not applicable for determining whether these malignancies represent one or more primaries.

## Paired Organ Sites

A list of paired organ sites can be found earlier in this section with the coding instructions for *Laterality*. Refer to the **SEER Multiple Primary and Histology Coding Rules** to determine whether involvement of paired sites should be coded as one or two primaries.

## REVISING THE ORIGINAL DIAGNOSIS

Data are gathered from multiple sources using the most recent and complete information available. Over time, the patient's records may contain new information such as tests, scans, and consults. Change the primary site, laterality, histology, and stage as the information becomes more complete. If the primary site is changed, it may also be necessary to revise site-specific staging and treatment codes. There is no time limit for making revisions that give better information about the original diagnosis or stage. However, if staging information is updated, it is important to adhere to the timing requirements for the respective staging system. Most cases that require revision are unknown primaries.

### Examples:

- 1) The institution clinically diagnoses a patient with carcinomatosis. The registry enters the case as an unknown primary (C80.9), carcinoma, NOS (8010/3), stage of disease unknown. Nine months later, a paracentesis shows serous cystadenocarcinoma. The physician says that the patient has an ovarian primary. Change the primary site to ovary (C56.9), histology to serous cystadenocarcinoma (8441/3), and diagnostic confirmation to positive cytologic study, no positive histology (code 2). If enough information is available that meets the AJCC timing requirements for staging, change the stage from not applicable (88) to the appropriate staging basis, TNM elements, and stage group, or to unknown. Update the Collaborative Staging input items and rerun the derivation program.
- 2) A physician may decide that a previously clinically diagnosed malignancy is a benign lesion. The patient is referred from a nursing home to the facility. The chest x-ray shows a cavitary lesion in the right lung. The family requests that the patient undergo no additional workup or treatment. Discharge diagnosis is "probable carcinoma of right lung". The registrar abstracts a lung primary (C34.9). Two years later a chest x-ray shows an unchanged lesion. The physician documents "lung cancer ruled out". Delete the case from the registry. Adjust the sequence number(s) of any other primaries the patient may have. Do not reuse the accession number.

## AMBIGUOUS TERMINOLOGY

If the wording in the patient record is ambiguous with respect to tumor spread, use the following guidelines.

### List of Ambiguous Terms Describing Tumor Spread

| Terms that Constitute Tumor Involvement/Extension |            |
|---|------------|
| Adherent  | Into       |
| Apparent  | Onto       |
| Compatible with                                   | Out onto   |
| Consistent with                                   | Probable   |
| Encroaching upon                                  | Suspect    |
| Fixation, fixed                                   | Suspicious |
| Induration  | To         |

## OUTCOMES

The outcomes data items describe the known clinical and vital status of the patient. Follow-up information is obtained at least annually for all living *Class of Case* 10-22 patients included in a cancer registry's database. Recorded follow-up data should reflect the most recent information available to the registry that originates from reported patient hospitalizations, known patient readmissions, contact with the patient's physician, and/or direct contact with the patient.

While the patient is alive, be sure that contact information is kept current. In addition to the treatment and recurrence items, these include:

- Current Street Address
- Current City
- Current State
- Current Zip Code
- Telephone
- Date of Last Contact

Once the patient's death has been recorded, no further follow-up is performed.

## IN UTERO DIAGNOSIS AND TREATMENT

Beginning in 2009, diagnosis and treatment dates for a fetus prior to birth are to be assigned the actual date of the event. In the past, those dates were set by the rule to the date the baby was born. The exact date may be used for cases diagnosed prior to 2009.

## EMBOLIZATION

The term embolization refers to the intentional blocking of an artery or vein. The mechanism and the reason for embolization determine how and whether it is to be recorded.

**Chemoembolization** is a procedure in which the blood supply to the tumor is blocked surgically or mechanically and anticancer drugs are administered directly into the tumor. This permits a higher concentration of drug to be in contact with the tumor for a longer period of time. Code chemoembolization as *Chemotherapy* when embolizing agent(s) is a chemotherapeutic drug(s) or when the term *chemoembolization* is used with no reference to the agent. Use *SEER\*Rx Interactive Drug Database* (<http://seer.cancer.gov/>) to determine whether the drugs used are classified as chemotherapeutic agents. Also code as *Chemotherapy* when the patient has primary or metastatic cancer in the liver and the only information about embolization is a statement that the patient had chemoembolization, tumor embolization, or embolization of the tumor in the liver. However, if alcohol is specified as the embolizing agent, even in the liver, code the treatment as *Other Treatment*.

**Radioembolization** is embolization combined with injection of small radioactive beads or coils into an organ or tumor. Code *Radiation Modality* as brachytherapy when tumor embolization is performed using a radioactive agent or radioactive seeds.

Embolization is coded as *Other Treatment* (code 1) if the embolizing agent is alcohol, or if the embolized site is other than the liver and the only information in the record is that the patient was given "embolization" with no reference to the agent.

**Do not code** pre-surgical embolization of hypervascular tumors with particles, coils, or alcohol. These pre-surgical embolizations are typically performed to make the resection of the primary tumor easier. Examples where pre-surgical embolization is used include meningiomas, hemangioblastomas, paragangliomas, and renal cell metastases in the brain.

**TUMOR REGISTRY LAW**  
**TITLE 50. HEALTH AND SAFETY**  
**CHAPTER 15. VITAL STATISTICS**

**Part 7. Tumor Registry**

[50-15-701. Short title.](#)

[50-15-702. Definitions.](#)

[50-15-703. Duty to report tumors.](#)

[50-15-704. Confidentiality.](#)

[50-15-705. Tumor registry.](#)

[50-15-706. Rules.](#)

[50-15-707 through 50-15-709 reserved.](#)

[50-15-710. Immunity from liability.](#)

**50-15-701. Short title.** This part may be cited as the "Tumor Registry Act".

**History:** En. Sec. 1, Ch. 354, L. 1981.

**50-15-702. Definitions.** As used in this part, the following definitions apply:

(1) "Department" means the department of public health and human services provided for in [2-15-2201](#).

(2) "Health care practitioner" means a person licensed pursuant to Title 37, chapter 3, to practice medicine or pursuant to Title 37, chapter 4, to practice dentistry.

(3) "Hospital" means a facility that provides, by or under the supervision of licensed physicians, services for medical diagnosis, treatment, rehabilitation, and care of injured, disabled, or sick persons.

(4) "Medical services" means diagnosis or treatment of illness in a human being by or under the supervision of a health care practitioner.

**History:** En. Sec. 2, Ch. 354, L. 1981; amd. Sec. 106, Ch. 418, L. 1995; amd. Sec. 283, Ch. 546, L. 1995; amd. Sec. 1, Ch. 101, L. 1997.

**50-15-703. Duty to report tumors.** The following persons or entities shall report to the department on forms provided by the department all medical and personal information as specified in rules of the department and laboratory results pertaining to the treatment and condition of a person with a reportable tumor:

(1) a hospital that provides medical services relating to the tumor;

(2) a clinical laboratory, as defined in [50-5-101](#), that is not owned or operated by a hospital and that provides laboratory services relating to the tumor; and

(3) a health care practitioner or health care facility, not covered by subsection (1) or (2), providing medical services relating to the tumor.

**History:** En. Sec. 3, Ch. 354, L. 1981; amd. Sec. 1, Ch. 12, L. 1985; amd. Sec. 2, Ch. 101, L. 1997.

**50-15-704. Confidentiality.** Information received by the department pursuant to this part may not be released unless:

(1) it is in statistical, nonidentifiable form;

(2) the provisions of Title 50, chapter 16, part 6, are satisfied;

(3) the release or transfer is to a person or organization that is qualified to perform data processing or data analysis and that has safeguards against unauthorized disclosure of that information;

(4) the release or transfer is to a central tumor registry of another state and is of information concerning a person who is residing in that state; or

(5) the release is to a health care practitioner or health care facility that is providing or has provided medical services to a person who has or has had a reportable tumor.

**History:** En. Sec. 4, Ch. 354, L. 1981; amd. Sec. 27, Ch. 632, L. 1987; amd. Sec. 3, Ch. 101, L. 1997.

**50-15-705. Tumor registry.** The department shall maintain a registry containing the names of all persons reported to it and all other information submitted to the department concerning those persons pursuant to [50-15-703](#).

**History:** En. Sec. 5, Ch. 354, L. 1981.

**50-15-706. Rules.** The department may adopt rules implementing this part, including:

(1) the types of tumors that are reportable; and

(2) the information on each patient having a reportable tumor that must be submitted to the department.

**History:** En. Sec. 6, Ch. 354, L. 1981.

**50-15-707 through 50-15-709 reserved. 50-15-710. Immunity from liability.** A person other than the department may not be held liable in a civil or criminal action for complying with the reporting requirements of [50-15-703](#) or for lawfully using information provided by the tumor registry in a manner that does not violate the Tumor Registry Act.

**History:** En. Sec. 4, Ch. 101, L. 1997.

<http://data.opi.mt.gov/bills/mca/50/15/50-15-701.htm>



**DEPARTMENT OF PUBLIC HEALTH  
AND HUMAN SERVICES  
RECORDS AND STATISTICS**

**Subchapter 18**

**Tumor Registry**

**37.8.1801 REPORTABLE TUMORS**

- (1) The following tumors are designated as reportable:
- (a) malignant neoplasm, with the exception of a basal or squamous carcinoma of the skin;
  - (b) skin cancer of the labia, vulva, penis or scrotum;
  - (c) benign tumor of the brain, including a:
    - (i) meningioma (cerebral meninges);
    - (ii) pinealoma (pineal gland); or
    - (iii) adenoma (pituitary gland);
  - (d) carcinoid tumor, whether malignant, benign or not otherwise specified (NOS).
- (2) A benign tumor other than one of those listed in (1) may be reported to the department for inclusion in the tumor registry if prior approval has been obtained from the Department of Public Health and Human Services, Public Health and Safety Division, Montana Central Tumor Registry, 1400 Broadway, PO Box 202951, Helena, MT 59620-2951.
- (3) A tumor which is otherwise reportable, but has been diagnosed and recorded using the words "apparently", "appears", "comparable with", "compatible with", "consistent with", "favors", "malignant appearing", "most likely", "presumed", "probable", "suspected", "suspicious", or "typical of" with reference to that tumor is considered reportable.
- (4) In order for the department to maintain current reporting, hospitals and physicians shall submit to the department information on reportable tumors within six months from the first inpatient or outpatient date that the patient was seen with cancer; independent laboratories shall submit to the department information on reportable tumors within six months from the date the laboratory service associated with the tumor was rendered.

History: [50-15-706](#), MCA; [IMP](#), [50-15-703](#), MCA; [NEW](#), 1982 MAR p. 391, Eff. 2/26/82; [AMD](#), 1985 MAR p. 1857, Eff. 11/30/85; [AMD](#), 1988 MAR p. 726, Eff. 4/15/88; [TRANS](#), from DHES, 1997 MAR p. 1460; [AMD](#), 2003 MAR p. 2441, Eff. 10/31/03; [AMD](#), 2009 MAR p. 87, Eff. 1/30/09.

**37.8.1802 REQUIRED RECORDS, INITIAL ADMISSION AND TREATMENT**

- (1) Whenever a hospital initially provides medical services to any patient relating to a tumor designated as reportable by ARM 37.8.1801, it must collect, record, and make available to the department the following information about that patient:
- (a) name and current physical address of patient;
  - (b) patient's physical address at time of diagnosis;
  - (c) social security number;
  - (d) name of spouse, if any;

- (e) phone number;
- (f) race, Hispanic origin if applicable, sex, and marital status;
- (g) age at diagnosis, place of birth, and month, day, and year of birth;
- (h) name, address, and phone number of friend or relative to act as contact, plus relationship of that contact to patient;
- (i) date and place of initial diagnosis;
- (j) primary site of tumor (paired organ);
- (k) sequence of primary tumors if more than one;
- (l) other primary tumors;
- (m) method of confirming diagnosis;
- (n) histology, including dates, place, histologic type and slide number;
- (o) summary staging, including whether in situ, localized, regional, distant or unstaged, with no information, or whether AJCC or TNM staging is utilized, and, if so, the findings of this staging;
- (p) description of tumor and its spread, if any, including size in centimeters, number of positive nodes, number of nodes examined and site of distant metastases;
- (q) procedures done to diagnose or stage tumors including dates, procedures, and results (such as physical exams, scopes, x-rays, scans, or lab tests);
- (r) cumulative summary of all therapy directed at the subject tumor, including:
  - (i) date of therapy;
  - (ii) specific type of surgery or radiation therapy, if any, and details of chemical, hormonal, or other kinds of treatment; and
  - (iii) if no therapy given, reason for lack of therapy.
- (s) status at time of latest recorded information, i.e., whether alive or dead, tumor in evidence, or recurring, or status unknown;
- (t) if recurrence of tumor, date, type, and distant sites of first recurrence;
- (u) names of physicians primarily and secondarily responsible for follow up;
- (v) date of each follow up;
- (w) if patient has died, date of death, place, cause, and whether autopsy performed;
- (x) primary payer at diagnosis;
- (y) usual occupation and industry; and
- (z) tobacco and alcohol use history.

History: [50-15-706](#), MCA; [IMP](#), [50-15-703](#), MCA; [NEW](#), 1982 MAR p. 391, Eff. 2/26/82; [TRANS](#), from DHES, 1997 MAR p. 1460; [AMD](#), 2003 MAR p. 2441, Eff. 10/31/03; [AMD](#), 2009 MAR p. 87, Eff. 1/30/09.

### **37.8.1803 REQUIRED RECORDS, FOLLOW UP**

- (1) Whenever a patient for whom information has been provided to the tumor registry is admitted to the hospital providing the information on an inpatient or outpatient basis for further treatment related to the tumor for which original registration in the tumor registry was made, the hospital must keep on file the following information:
  - (a) patient's name, noting any change from previous records;
  - (b) any paired organ involvement, noting sequence;
  - (c) subsequent histology, including dates, place, histology type, slide number and procedure;

- (d) date, type of procedure and findings of any surgery or other exploratory measure;
  - (e) date and type of any administration of radiation;
  - (f) date of any administration of hormones, chemotherapy, immunotherapy or any other kind of treatment;
  - (g) date of death and/or last follow up;
  - (h) if death has occurred, the place, cause and whether an autopsy was performed;
  - (i) if an autopsy was performed, its findings pertaining to cancer;
  - (j) status at time of latest recorded information, i.e., whether alive or dead, tumor in evidence, or has recurred, or status is unknown;
  - (k) if recurrence of tumor, date, type, and distant sites of first recurrence; and
  - (l) names of those physicians primarily and secondarily responsible for follow up treatment.
- History: [50-15-706](#), MCA; [IMP](#), [50-15-703](#), MCA; [NEW](#), 1982 MAR p. 391, Eff. 2/26/82; [TRANS](#), from DHES, 1997 MAR p. 1460; [AMD](#), 2003 MAR p. 2441, Eff. 10/31/03; [AMD](#), 2009 MAR p. 87, Eff. 1/30/09.

Rules 37.8.1804 through 37.8.1807 reserved

### **37.8.1808 REQUIRED RECORDS, INDEPENDENT CLINICAL LABORATORIES**

(1) Whenever a clinical laboratory which is not owned or operated by a hospital provides laboratory services for any patient relating to a tumor designated as reportable by ARM 37.8.1801, it must collect, record, and make available to the department the following information about that patient:

- (a) name and current address of patient;
- (b) patient's address at time of diagnosis;
- (c) social security number;
- (d) name of spouse, if any;
- (e) race, sex, and marital status;
- (f) age at diagnosis, month, day, and year of birth;
- (g) date and place of initial diagnosis;
- (h) primary site of tumor (paired organ);
- (i) sequence of primary tumors, if more than one;
- (j) method of confirming diagnosis;
- (k) histology, including dates, place, histologic type, and slide number;
- (l) summary staging, including whether in situ, localized, regional, distant or unstaged, with no information, or whether AJCC or TNM staging is utilized, and, if so, the findings of the staging;
- (m) description of tumor and its spread, if any, including size in centimeters, number of positive nodes, number of nodes examined, and site of distant metastasis;
- (n) status at time of latest recorded information, i.e., whether alive or dead, tumor in evidence, or recurring, or status unknown; and
- (o) names of physicians primarily and secondarily responsible for follow up.

History: [50-15-706](#), MCA; [IMP](#), [50-15-703](#), MCA; [NEW](#), 1985 MAR p. 1857, Eff. 11/30/85; [TRANS](#), from DHES, 1997 MAR p. 1460; [AMD](#), 2003 MAR p. 2441, Eff. 10/31/03; [AMD](#), 2009 MAR p. 87, Eff. 1/30/09.

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## **Patient Information**

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## Reporting Hospital

| Alternate Name                | NAACCR Item # | Length | Revision Date | Required Status |
|-------------------------------|---------------|--------|---------------|-----------------|
| Hospital (Reporting Facility) | 540           |        |               | Required        |

### Description

*Reporting Hospital* identifies the facility reporting the case.

### Rationale

Each facility is unique. The reporting hospital is essential to monitor data submissions, ensuring the accuracy of data, and for identifying areas for special studies.

### Instructions for Coding

- Contact the MCTR if unsure how to complete this field.

**Abstracted By**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 570           | 3      |               | Required        |

**Description**

*Abstracted By* records the name of the individual abstracting the case.

**Rationale**

This item can be used for quality control and management in multi-staffed registries.

**Instructions for Coding**

- Record the first and last name of the abstractor.

## Date Abstracted

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 2090          | 8      |               | Required        |

### Description

*Date Abstracted* identifies the date the case is abstracted. This date will not change if the case is modified or updated.

### Rationale

The date is recorded to measure timeliness of reporting.

### Instructions for Coding

- Record the date the case is abstracted.

## Facility #

| Alternate Name                | NAACCR Item # | Length | Revision Date | Required Status |
|-------------------------------|---------------|--------|---------------|-----------------|
| Hospital (Reporting Facility) | 540           | 3      | 04/07         | Required        |

## Description

*Facility #* identifies the facility reporting the case.

## Rationale

Each facility's identification number is unique. The number is essential to monitor data submissions, ensuring the accuracy of data, and for identifying areas for special studies.

## Instructions for Coding

- Contact the MCTR if unsure how to complete this field.

## Montana Reporting Facilities

### Hospitals

| <u>Number</u> | <u>NPI Number</u> | <u>ACoS Number</u> | <u>Facility Name</u>                      | <u>City</u> |
|---------------|-------------------|--------------------|---|-------------|
| 403           | 1568629764        | 6810010            | Community Hospital of Anaconda            | Anaconda    |
| 411           | 1316965346        | 6810013            | Fallon Medical Complex                    | Baker       |
| 458           | 1730129305        | 6810005            | Big Sandy Medical Center                  | Big Sandy   |
| 412           | 1265478291        | 6810020            | Billings Clinic                           | Billings    |
| 413           | 1083655997        | 6810030            | St. Vincent Healthcare                    | Billings    |
| 407           | 1720079619        | 6810040            | Bozeman Deaconess Hospital                | Bozeman     |
| 400           | 1528037215        | 6810055            | St. James Healthcare                      | Butte       |
| 414           | 1497754782        | 6810085            | Liberty Medical Center                    | Chester     |
| 415           | 1083602205        | 6810095            | Teton Medical Center                      | Choteau     |
| 409           | 1054388387        | 6810100            | Stillwater Community Hospital             | Columbus    |
| 416           | 1467445049        | 6810110            | Pondera Medical Center                    | Conrad      |
| 417           | 1598874232        | 6810123            | Roosevelt Memorial Medical Center         | Culbertson  |
| 418           | 1831143080        | 6810125            | Northern Rockies Medical Center           | Cut Bank    |
| 419           | 1275560617        | 6810129            | Powell County Memorial Hospital           | Deer Lodge  |
| 420           | 1326042078        | 6810135            | Barrett Hospital and Healthcare           | Dillon      |
| 421           | 1760531404        | 6810150            | Dahl Memorial Healthcare Association      | Ekalaka     |
| 405           | 1740223882        | 6810155            | Madison Valley Hospital Association       | Ennis       |
| 422           | 1023066081        | 6810160            | Rosebud Healthcare Center                 | Forsyth     |
| 423           | 1356332266        | 6810170            | Missouri River Medical Center             | Fort Benton |
| 424           | 1689685323        | 6810190            | Frances Mahon Deaconess Hospital          | Glasgow     |
| 425           | 1376552893        | 6810220            | Glendive Medical Center                   | Glendive    |
| 427           | 1881650737        | 6810245            | Benefis Hospital/Sletten Cancer Institute | Great Falls |
| 480           | 1801897780        | 10000701           | Great Falls Clinic                        | Great Falls |
| 429           | 1659475846        | 6810260            | Marcus Daly Memorial Hospital             | Hamilton    |
| 430           | 1891713533        | 6810272            | Big Horn County Memorial Hospital         | Hardin      |
| 431           | 1073687406        | 6810285            | Wheatland Memorial Healthcare             | Harlowton   |
| 432           | 1427059070        | 6810290            | Northern Montana Hospital                 | Havre       |
| 434           | 1710152277        | 6810330            | St. Peter's Hospital                      | Helena      |
| 477           | 1417945627        | 6810360            | Kalispell Regional Medical Center         | Kalispell   |
| 438           | 1790798387        | 6810380            | Central Montana Medical Center            | Lewistown   |
| 439           | 1952312050        | 6810390            | St. John's Lutheran Hospital              | Libby       |
| 408           | 1245222306        | 6810395            | Livingston Memorial Hospital              | Livingston  |
| 440           | 1255476388        | 6810405            | Phillips County Hospital                  | Malta       |
| 441           | 1548292220        | 6810410            | Holy Rosary Healthcare                    | Miles City  |
| 443           | 1396711396        | 6810415            | Community Medical Center                  | Missoula    |
| 445           | 1023032588        | 6810225            | St. Patrick Hospital                      | Missoula    |

| <u>Number</u> | <u>NPI Number</u> | <u>ACoS Number</u> | <u>Facility Name</u>                   | <u>City</u>           |
|---------------|-------------------|--------------------|--|-----------------------|
| 402           | 1922073907        | 6810440            | Granite County Medical Center          | Philipsburg           |
| 471           | 1265547939        | 6810445            | Clark Fork Valley Hospital             | Plains                |
| 446           | 1467452102        | 6810450            | Sheridan Memorial Hospital Association | Plentywood            |
| 447           | 1821184888        | 6810460            | St. Joseph Medical Center              | Polson                |
| 448           | 1396766903        | 6810465            | Northeast Montana Health Services      | Poplar                |
| 410           | 1336119338        | 6810477            | Beartooth Hospital & Health Center     | Red Lodge             |
| 467           | 1336213446        | 6810481            | St. Luke Community Hospital            | Ronan                 |
| 449           | 1386751196        | 6810485            | Roundup Memorial Healthcare            | Roundup               |
| 451           | 1346224391        | 6810505            | Daniels Memorial Hospital              | Scobey                |
| 468           | 1497742415        | 6819070            | Marias Medical Center                  | Shelby                |
| 469           | 1083710651        | 6819075            | Ruby Valley Hospital                   | Sheridan              |
| 452           | 1285719161        | 6810510            | Sidney Health Center                   | Sidney                |
| 470           | 1093809196        | 6819080            | Mineral Community Hospital             | Superior              |
| 404           | 1447245857        | 6810530            | Broadwater Health Center               | Townsend              |
| 454           | 1396710851        | 6810550            | North Valley Hospital                  | Whitefish             |
| 457           | 1811102270        | 6819100            | Mountainview Medical Center            | White Sulphur Springs |
| 455           | 1821016536        | 6810560            | Northeast Montana Health Services      | Wolf Point            |

#### **VA Hospitals**

| <u>Number</u> | <u>NPI Number</u> | <u>ACoS Number</u> | <u>Facility Name</u> | <u>City</u>   |
|---------------|-------------------|--------------------|----------------------|---------------|
| 463           | 1457546384        | 6810180            | Montana VAMC         | Fort Harrison |

#### **Indian Health Services**

| <u>Number</u> | <u>NPI Number</u> | <u>ACoS Number</u> | <u>Facility Name</u>                 | <u>City</u> |
|---------------|-------------------|--------------------|--------------------------------------|-------------|
| 478           | 1861409955        | 6810050            | Blackfeet Indian Health Services     | Browning    |
| 462           | 1235302142        | 6810120            | Crow IHS Hospital                    | Crow Agency |
| 464           | 1942367842        | 6810280            | Fort Belknap IHS Hospital            | Harlem      |
| 474           | 1972694602        | 9999999            | Fort Peck IHS Poplar Health Services | Poplar      |

#### **Radiation Centers**

| <u>Number</u> | <u>NPI Number</u> | <u>ACoS Number</u> | <u>Facility Name</u>                       | <u>City</u> |
|---------------|-------------------|--------------------|--|-------------|
| 490           | 1902871544        | 6813498            | Northern Rockies Radiation Oncology Center | Billings    |

#### **Pathology Laboratories**

| <u>Number</u> | <u>NPI Number</u> | <u>ACoS Number</u> | <u>Facility Name</u>            | <u>City</u> |
|---------------|-------------------|--------------------|---------------------------------|-------------|
| 498           | 1790787935        | 9999999            | Yellowstone Pathology Institute | Billings    |
| 493           | 1669597266        | 9999999            | Northern Plains Pathology       | Great Falls |
| 495           | 1740364017        | 9999999            | Western Montana Clinic          | Missoula    |

#### **Physicians**

| <u>Number</u> | <u>NPI Number</u> | <u>ACoS Number</u> | <u>Facility Name</u>                | <u>City</u> |
|---------------|-------------------|--------------------|-------------------------------------|-------------|
| 200           | 1760485619        | 9999999            | Tallman Dermatology                 | Billings    |
| 202           | 1003900457        | 9999999            | Advanced Dermatology                | Butte       |
| 208           | 1720073596        | 9999999            | Dermatology Office of Great Falls   | Great Falls |
| 210           | 1003902909        | 9999999            | Helena Dermatology                  | Helena      |
| 212           | 1497896229        | 9999999            | Associated Dermatology of Helena    | Helena      |
| 204           | 1114093846        | 9999999            | Dermatology Associates of Kalispell | Kalispell   |

## Accession Number

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 550           | 9      | 01/04, 01/10  | Required        |

### Description

*Accession Number* provides a unique identifier for the patient consisting of the year in which the patient was first seen at the reporting facility and the consecutive order in which the patient was abstracted.

### Rationale

This data item protects the identity of the patient and allows cases to be identified on a local, state, and national level.

### Instructions for Coding

- Assign a unique accession number to each patient. The accession number identifies the patient even if multiple primaries exist. Use the same accession number for all subsequent primaries.
- When a patient is deleted from the database, do not reuse the accession number for another patient.
- The first four numbers specify the year (of first contact with cancer) and the last five numbers are the numeric order in which the patient was entered into the registry database.
- Numeric gaps are allowed in accession numbers.
- A patient's accession number is never reassigned.
- If a patient is first accessioned into the registry, then the registry later changes its reference date and the patient is subsequently accessioned into the registry with a new primary, use the original accession number associated with the patient and code the data item *Sequence Number* appropriately.

### Examples:

| Code      | Reason   |
|-----------|--|
| 200300033 | Patient enters the hospital in 2003 and is diagnosed with breast cancer. The patient is the 33 <sup>rd</sup> patient accessioned in 2003.  |
| 200300033 | A patient with the accession number 200300033 for a breast primary returns to the hospital with a subsequent colon primary in 2004. The accession number will remain the same. <i>Sequence Number</i> will reflect this primary.                                   |
| 200300010 | Patient is diagnosed in November 2002, at another facility enters the reporting facility in January 2003, and is the tenth case accessioned in 2003.   |
| 200300012 | Patient is diagnosed in staff physician office in December 2002 enters the reporting facility in January 2003, and is the 12 <sup>th</sup> case accessioned in 2003.   |
| 199100067 | Patient enters the hospital in 1991, and is diagnosed with prostate cancer. The registry later sets a new reference date of January 1, 1997. The same patient presents with a diagnosis of lymphoma in 2005. <i>Sequence Number</i> will distinguish this primary. |
| 200300001 | First patient diagnosed/treated and entered into the registry database for 2003.   |
| 200300999 | 999 <sup>th</sup> patient diagnosed/treated and entered into the registry database for 2003.   |
| 200401504 | 1504 <sup>th</sup> patient diagnosed/treated and entered into the registry database for 2004.  |

## Sequence Number

| Alternate Name | NAACCR Item # | Length | Revision Date              | Required Status |
|----------------|---------------|--------|----------------------------|-----------------|
|                | 560           | 2      | 09/04, 09/06, 04/07, 01/10 | Required        |

### Description

*Sequence Number* indicates the sequence of reportable malignant and non-malignant neoplasms over the lifetime of the patient.

### Rationale

This data item is used to distinguish among cases having the same accession numbers, to select patients with only one malignant primary tumor for certain follow-up studies, and to analyze factors involved in the development of multiple tumors.

### Instructions for Coding

- Codes 00-59 and 99 indicate neoplasms of malignant or in-situ behavior (behavior code 2 or 3).
- Codes 60-88 indicate neoplasms of non-malignant behavior (behavior code 0 or 1) and malignant neoplasms that the MCTR has defined as reportable that the CoC does not require (carcinoma in-situ of the cervix (CIS), intraepithelial neoplasia grade III (8077/2) of the cervix (CIN III), prostate (PIN III), vulva (VIN III), vagina (VAIN III), and anus (AIN III)).
- Code 00 only if the patient has a single malignant primary. If the patient develops a subsequent malignant or in-situ primary tumor, change the code for the first tumor from 00 to 01, and number the subsequent tumors sequentially.
- Code 60 only if the patient has a single non-malignant primary or reportable neoplasm that the MCTR has defined as reportable that the CoC does not require (see list above). If the patient develops a subsequent non-malignant primary, change the code for the first tumor from 60 to 61, and assign codes to subsequent non-malignant primaries sequentially.
- If two or more malignant or in-situ neoplasms are diagnosed at the same time, assign the lowest sequence number to the diagnosis with the worst prognosis. If no difference in prognosis is evident, the decision is arbitrary.
- If two or more non-malignant neoplasms are diagnosed at the same time, assign the lowest sequence number to the diagnosis with the worst prognosis. If no difference in prognosis is evident, the decision is arbitrary.
- Any tumor in the patient's past which is reportable or reportable-by-agreement at the time the current tumor is diagnosed must be taken into account when sequencing subsequently accessioned tumors. However, do not reassign sequence numbers if one of those tumors becomes non-reportable later.
- Sequence numbers should be reassigned if the facility learns later of an un-accessioned tumor that would affect the sequence.

### Malignant or In-situ

| Code | Definition   |
|------|--|
| 00   | One malignant or in-situ primary only in the patient's lifetime      |
| 01   | First of two or more independent malignant or in-situ primaries      |
| 02   | Second of two or more independent malignant or in-situ primaries     |
| ...  |  |
| 59   | Fifty-ninth of 59 or more independent malignant or in-situ primaries |
| 99   | Unknown number of malignant or in-situ primaries                     |

### Benign or Reportable-by-Agreement

| Code | Definition   |
|------|--|
| 60   | Only one non-malignant primary or in-situ case required by MCTR listed above                                     |
| 61   | First of two or more independent non-malignant primaries or in-situ case required by MCTR listed above           |
| 62   | Second of two or more independent non-malignant primaries or in-situ case required by MCTR listed above          |
| ...  |  |
| ...  | (Consecutive number of non-malignant primaries) or in-situ case required by MCTR listed above                    |
| ...  |  |
| 87   | Twenty-seventh of twenty-seven independent non-malignant primaries or in-situ case required by MCTR listed above |
| 88   | Unspecified number of neoplasms in this category   |

**Examples:**

| <b>Code</b> | <b>Reason</b>   |
|-------------|---|
| 00          | A patient with no history of previous cancer is diagnosed with in-situ breast carcinoma June 13, 2003.  |
| 01          | The sequence number is changed when the patient with an in-situ breast carcinoma diagnosed on June 13, 2003, is diagnosed with a subsequent melanoma on August 30, 2003.  |
| 02          | Sequence number assigned to the melanoma diagnosed on August 30, 2003, following a breast cancer in-situ diagnosed on June 13, 2003.  |
| 04          | A nursing home patient is admitted to a hospital for first course surgery for a colon adenocarcinoma. The patient has a prior history of three malignant cancers of the type the registry is required to accession, though the patient was not seen for these cancers at the hospital. No sequence numbers 01, 02, or 03 are accessioned for this patient.  |
| 60          | The sequence number assigned to a benign brain tumor diagnosed on November 1, 2005, following a breast carcinoma diagnosed on June 13, 2003, and a melanoma diagnosed on August 30, 2003.   |
| 63          | Carcinoma in-situ of the cervix (CIN III) is diagnosed by the facility in 2003 and accessioned as sequence 60. A benign brain tumor was diagnosed and treated elsewhere in 2002; patient comes to the facility with a second independent benign brain tumor in 2004. Unaccessioned earlier brain tumor is counted as sequence 61, CIN III is re-sequenced to 62, and second benign brain tumor is assigned sequence 63. |



## Date of First Contact

| Alternate Name  | NAACCR Item # | Length | Revision Date       | Required Status |
|-----------------|---------------|--------|---------------------|-----------------|
| Date First Seen | 580           | 8      | 01/04, 09/06, 01/10 | Required        |

### Description

*Date of First Contact* is the date of the facility's first inpatient or outpatient contact with the patient for diagnosis or treatment of the cancer. Usually, the *Date of First Contact* is the date of admission for diagnosis or for treatment. \\

### Rationale

This data item can be used to measure the time between first contact and the date that the case was abstracted. It can also be used to measure the length of time between the first contact and treatment for quality of care reports.

### Instructions for Coding

- Record the date the patient first had contact with the facility as either an inpatient or outpatient for diagnosis and/or treatment of a reportable tumor. The date may be the date of an outpatient visit for a biopsy, X-ray, or laboratory test, or the date a pathology specimen was collected at the hospital
- If this is an autopsy-only or death certificate-only case, then use the date of death.
- When a patient is diagnosed in a staff physician's office, the date of first contact is the date the patient was physically first seen at the reporting facility.

### Examples:

| Code                    | Reason   |
|-------------------------|--|
| 02122008                | A patient has an outpatient mammography that is suspicious for malignancy on February 12, 2008, and subsequently undergoes an excisional biopsy or radical surgical procedure on February 14, 2008   |
| 09142009                | Patient undergoes a biopsy in a physician's office on September 8, 2009. The pathology specimen was sent to the reporting facility and was read as malignant melanoma. The patient enters that same reporting facility on September 14, 2009 for wide re-excision. |
| 12072010                | Patient has an MRI of the brain on December 7, 2010 for symptoms including severe headache and disorientation. The MRI findings are suspicious for astrocytoma. Surgery on December 19 removes all gross tumor..   |
| 04992003                | If information is limited to the description "Spring, 2003".   |
| 07992003                | If information is limited to the description "The middle of the year, 2003".   |
| 10992003                | If information is limited to the description "Fall, 2003".   |
| 12992003 or<br>01992004 | If information is limited to the description "Winter", try to determine if this means the beginning or the end of the year.  |

## Medical Record Number

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Chart Number   | 2300          | 11     |               | Required        |

### Description

Records the medical record number usually assigned by the reporting facility's health information management (HIM) department.

### Rationale

This number identifies the patient within a reporting facility. It can be used to reference a patient record and it helps to identify multiple reports on the same patient.

### Instructions for Coding

- Record the medical record number.
- When a patient enters a military hospital as a family member of a military sponsor, do not code the patient's relationship to the military sponsor in this field.

**Last Name**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Name – Last    | 2230          | 40     | 01/10         | Required        |

**Description**

Identifies the last name of the patient.

**Rationale**

This data item is used by hospitals as a patient identifier.

**Instructions for Coding**

- Truncate name if more than 40 letters long. Blanks, spaces, hyphens, and apostrophes are allowed.
- Do not use other punctuation.
- Do not leave blank; code as unknown if the patient's last name is unknown.
- This field may be updated, if the last name changes.

**First Name**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Name – First   | 2240          | 40     | 01/10         | Required        |

**Description**

Identifies the first name of the patient.

**Rationale**

This data item is used by hospitals to differentiate between patients with the same last name.

**Instructions for Coding**

- Truncate name if more than 40 letters long. Do not use punctuation.

**Middle Name**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Name – Middle  | 2250          | 40     | 01/10         | Required        |

**Description**

Identifies the middle name or middle initial of the patient.

**Rationale**

This data item helps to distinguish between patients with identical first and last names.

**Instructions for Coding**

- Truncate the name if more than 40 letters long. Record the middle initial if the complete name is not provided. Do not use punctuation.

## Maiden Name

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Name – Maiden  | 2390          | 40     | 01/10         | Required        |

### Description

Identifies the maiden name of the patient.

### Rationale

Maiden name may be useful in matching multiple records for the same patient.

### Instructions for Coding

- Truncate the name if more than 15 letters long. Do not use punctuation.
- Leave blank if unknown or patient was never married.

**Alias**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Name – Alias   | 2280          | 40     | 01/10         | Required        |

**Description**

Identifies the alias or nickname of the patient.

**Rationale**

This item is useful for matching multiple records on the same patient.

**Instructions for Coding**

- If the patient uses only a last name alias, record the last name alias followed by a blank space and the real first name.
- If the patient uses an alias for the first name, record the last name followed by a blank space and the alias name.
- If the patient uses an alias for the first and last name, record the last name alias followed by a blank space and the first name alias.
- Leave the field blank if the patient has no alias.

## Primary Payer

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 630           | 2      | 07/06, 01/10  | Required        |

### Description

Identifies the patient's primary payer/insurance carrier at the time of initial diagnosis and/or treatment.

### Rationale

This item is used in financial analysis and as an indicator for quality and outcome analyses. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires the patient admission page to document the type of insurance or payment structure that will cover the patient while being cared for at the hospital.

### Instructions for Coding

- If the patient is diagnosed at the reporting facility, record the payer at the time of diagnosis.
- If the patient is diagnosed elsewhere or the payer at the time of diagnosis is not known, record the payer when the patient is initially admitted for treatment.
- Record the type of insurance reported on the patient's admission page.
- If more than one payer or insurance carrier is listed on the patient's admission page, record the first.
- If the patient's payer or insurance carrier changes, do not change the initially recorded code.



## Patient Address

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Patient Address and Residency Rules

The patient's address at diagnosis is the patient's place of residence at the time of original diagnosis. It does not change if the patient moves. If the patient has more than one primary tumor, the address at diagnosis may be different for each primary.

The current address initially is the patient's residence at the time the patient was first seen at the accessioning facility for this primary. The current address is updated if the patient moves. If the patient has more than one primary tumor, the current address should be the same for each primary.

Normally a residence is the home named by the patient. Legal status and citizenship are not factors in residency decisions. Rules of residency are identical to or comparable with the rules of the Census Bureau whenever possible. The registry can resolve residency questions by using the Census Bureau's definition, "the place where he or she lives and sleeps most of the time or the place the person considers to be his or her usual home". Vital statistic rules may differ from Census rules. Do not record residence from the death certificate. Review each case carefully.

### Rules for Persons with Ambiguous Residences

**Persons with More Than One Residence** (summer and winter homes): Use the address the patient specifies if a usual residence is not apparent.

**Persons with No Usual Residence** (transients, homeless): Use the address of the place the patient was staying when the cancer was diagnosed. This could be a shelter or the diagnosing facility.

**Persons Away at School:** College students are residents of the school area. Boarding school students below the college level are residents of their parents' homes.

**Persons in Institutions:** The Census Bureau states, "Persons under formally authorized, supervised care or custody", are residents of the institution. This includes the following:

- Incarcerated persons
- Persons in nursing, convalescent, and rest homes
- Persons in homes, schools, hospitals, or wards for the physically disabled, mentally retarded, or mentally ill.
- Long-term residents of other hospitals, such as Veterans Affairs (VA) hospitals.

**Persons in the Armed Forces and on Maritime Ships:** Members of the armed forces are residents of the installation area. Use the stated address for military personnel and their families. Military personnel may use the installation address or the surrounding community's address. The Census Bureau has detailed residency rules for Navy personnel, Coast Guard, and maritime ships. Refer to Census Bureau publications for the detailed rules.

## Street Address at DX

| Alternate Name   | NAACCR Item # | Length | Revision Date | Required Status |
|--|---------------|--------|---------------|-----------------|
| Patient Address at Diagnosis<br>Addr at DX – No & Street | 2330          | 60     | 01/10         | Required        |

### Description

Identifies the patient's address (number and street) at the time of diagnosis.

### Rationale

The address is part of the patient's demographic data and has multiple uses. It indicates referral patterns and allows for the analysis of cancer clusters or environmental studies. Physical address allows a central registry to assign latitude and longitude to patient addresses and gives the ability to map each location. Accurate geographic information allows a central registry to monitor cancer trends to watch for possible patterns that could be the first hint of an environmental or other geographic focus of increased cancer risk.

### Instructions for Coding

- Record the physical address (number and street address or the rural mailing address) of the patient's usual residence when the tumor was diagnosed.
- The address should be fully spelled out with standardized use of abbreviations and punctuation per U.S. Postal Service postal addressing standards. The USPS Postal Addressing Standards, Pub 28, November 2000 can be found on the Internet at <http://pe.usps.gov/cpim/ftp/pubs/pub28/pub28.pdf>.
- Abbreviations should be limited to those recognized by the Postal Service standard abbreviations. They include, but are not limited to:

- |                    |                     |
|--------------------|---------------------|
| • AVE (avenue)     | • FL (floor)        |
| • BLVD (boulevard) | • STE (suite)       |
| • CIR (circle)     | • UNIT (unit)       |
| • CT (court)       | • RM (room)         |
| • DR (drive)       | • DEPT (department) |
| • PLZ (plaza)      | • N (north)         |
| • PARK (park)      | • NE (northeast)    |
| • PKWY (parkway)   | • NW (northwest)    |
| • RD (road)        | • S (south)         |
| • SQ (square)      | • SE (southeast)    |
| • ST (street)      | • SW (southwest)    |
| • APT (apartment)  | • E (east)          |
| • BLDG (building)  | • W (west)          |

A complete list of recognized street abbreviations is provided in *Appendix C of USPS Pub 28*.

- Punctuation is normally limited to periods (i.e., 39.2 RD), slashes for fractional addresses (i.e., 101 ½ MAIN ST), and hyphens when a hyphen carries meaning (i.e., 289-01 MONTGOMERY AVE). Use of the pound sign (#) to designate address units should be avoided whenever possible. The preferred notation is as follows: 102 MAIN ST APT 101. If a pound sign is used, there must be a space between the pound sign and the secondary number (i.e., 425 FLOWER BLVD # 72).
- If the patient has multiple tumors, the address may be different for subsequent primaries.
- Do not update this data item if the patient's address changes.
- See "Residency Rules" on page 41 for further instructions.

| Code                     | Definition   |
|--------------------------|--|
| 103 FIRST AVE SW APT 102 | The use of capital letters is preferred by the USPS; use recognized USPS standardized abbreviations; do not use punctuation unless absolutely necessary to clarify an address; leave blanks between numbers and words. |
| UNKNOWN                  | If the patient's address is unknown, enter UNKNOWN.  |

**City**

| Alternate Name            | NAACCR Item # | Length | Revision Date | Required Status |
|---------------------------|---------------|--------|---------------|-----------------|
| Addr at DX – City or Town | 70            | 50     | 01/10         | Required        |

**Description**

Identifies the name of the city or town in which the patient resides at the time the tumor is diagnosed and treated.

**Rationale**

The city or town is part of the patient's demographic data and has multiple uses. It indicates referral patterns and allows for the analysis of cancer clusters or environmental studies.

**Instructions for Coding**

- If the patient resides in a rural area, record the name of the city or town used in his or her mailing address.
- If the patient has multiple malignancies, the city or town may be different for subsequent primaries.
- Do not update this data item if the patient's city or town of residence changes.
- See "Residency Rules" on page 41 for further instructions.

## County

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
|                | 90            | 3      | 01/04, 09/06, 01/10 | Required        |

### Description

Identifies the county of the patient's residence at the time the reportable tumor is diagnosed.

### Rationale

This data item may be used for epidemiological purposes. For example, to measure the cancer incidence in a particular geographic area.

### Instructions for Coding

- For U.S. residents, use codes issued by the Federal Information Processing Standards (FIPS) publication, *Counties and Equivalent Entities of the United States, Its Possessions, and Associated areas*. This publication is available in a reference library or can be accessed on the Internet through the U.S. EPA's Envirofacts Data Warehouse and Applications Web site at <http://www.epa.gov/>.
- If the patient has multiple tumors, the county codes may be different for each tumor.
- If the patient is a non-U.S. resident and is coded XX in State at Diagnosis, then code the patient's country of residence in this space.
- For country codes, see the current version of *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary*, (<http://www.naaccr.org>).
- Do not update this data item if the patient's county of residence changes.

### Montana County Codes:

| Label         | Label         | Label       |
|---------------|---------------|-------------|
| Beaverhead    | Granite       | Powell      |
| Big Horn      | Hill          | Prairie     |
| Blaine        | Jefferson     | Ravalli     |
| Broadwater    | Judith Basin  | Richland    |
| Carbon        | Lake          | Roosevelt   |
| Carter        | Lewis & Clark | Rosebud     |
| Cascade       | Liberty       | Sanders     |
| Chouteau      | Lincoln       | Sheridan    |
| Custer        | McCone        | Silver Bow  |
| Daniels       | Madison       | Stillwater  |
| Dawson        | Meagher       | Sweetgrass  |
| Deer Lodge    | Mineral       | Teton       |
| Fallon        | Missoula      | Toole       |
| Fergus        | Musselshell   | Treasure    |
| Flathead      | Park          | Valley      |
| Gallatin      | Petroleum     | Wheatland   |
| Garfield      | Phillips      | Wibaux      |
| Glacier       | Pondera       | Yellowstone |
| Golden Valley | Powder River  |             |

## State

| Alternate Name     | NAACCR Item # | Length | Revision Date       | Required Status |
|--------------------|---------------|--------|---------------------|-----------------|
| Addr at DX – State | 80            | 2      | 01/04, 09/06, 01/10 | Required        |

## Description

Identifies the patient's state of residence at the time of diagnosis.

## Rationale

The state of residence is part of the patient's demographic data and has multiple uses. It indicates referral patterns and allows for the analysis of cancer clusters or environmental studies.

## Instructions for Coding

- Use U.S. Postal Service abbreviation for the state, territory, commonwealth, U.S. possession, or Canadian province or territory in which the patient resides at the time the tumor is diagnosed and treated.
- If the patient has multiple tumors, the state of residence may be different for subsequent primaries.
- If the patient is a foreign resident, then code either XX or YY depending on the circumstance.
- Do not update this data item if the patient's state of residence changes.

**Common abbreviations (refer to the Zip Code directory for further listings)**

| State                |    | State          |    | State                          |    |
|----------------------|----|----------------|----|--------------------------------|----|
| Alabama              | AL | Massachusetts  | MA | Tennessee                      | TN |
| Alaska               | AK | Michigan       | MI | Texas                          | TX |
| Arizona              | AZ | Minnesota      | MN | Utah                           | UT |
| Arkansas             | AR | Mississippi    | MS | Vermont                        | VT |
| California           | CA | Missouri       | MO | Virginia                       | VA |
| Colorado             | CO | Montana        | MT | Washington                     | WA |
| Connecticut          | CT | Nebraska       | NE | West Virginia                  | WV |
| Delaware             | DE | Nevada         | NV | Wisconsin                      | WI |
| District of Columbia | DC | New Hampshire  | NH | Wyoming                        | WY |
| Florida              | FL | New Jersey     | NJ | United States, state unk       | US |
| Georgia              | GA | New Mexico     | NM | American Samoa                 | AS |
| Hawaii               | HI | New York       | NY | Guam                           | GU |
| Idaho                | ID | North Carolina | NC | Puerto Rico                    | PR |
| Illinois             | IL | North Dakota   | ND | Virgin Islands                 | VI |
| Indiana              | IN | Ohio           | OH | Palau                          | PW |
| Iowa                 | IA | Oklahoma       | OK | Micronesia                     | FM |
| Kansas               | KS | Oregon         | OR | Marshall Islands               | MH |
| Kentucky             | KY | Pennsylvania   | PA | Outlying Islands               | UM |
| Louisiana            | LA | Rhode Island   | RI | APO/FPO Armed Services America | AA |
| Maine                | ME | South Carolina | SC | APO/FPO Armed Services Europe  | AE |
| Maryland             | MD | South Dakota   | SD | APO/FPO Armed Services Pacific | AP |

**The following are abbreviations for Canadian provinces and territories:**

| Province/Territory        |    | Province/Territory       |    |
|---------------------------|----|--------------------------|----|
| Alberta                   | AB | Nunavut                  | NU |
| British Columbia          | BC | Ontario                  | ON |
| Manitoba                  | MB | Prince Edward Island     | PE |
| New Brunswick             | NB | Quebec                   | QC |
| Newfoundland and Labrador | NL | Saskatchewan             | SK |
| Northwest Territories     | NT | Yukon                    | YT |
| Nova Scotia               | NS | Canada, province unknown | CD |

## Zip Code

| Alternate Name                 | NAACCR Item # | Length | Revision Date | Required Status |
|--------------------------------|---------------|--------|---------------|-----------------|
| Addr at DX – Postal (Zip) Code | 100           | 9      | 01/04         | Required        |

### Description

Identifies the postal code of the patient's address at diagnosis.

### Rationale

The postal code is part of the patient's demographic data and has multiple uses. It will provide a referral pattern report and allow analysis of cancer clusters or environmental studies.

### Instructions for Coding

- For U.S. residents, record the patient's nine-digit extended postal code at the time of diagnosis and treatment.
- For Canadian residents, record the six-character postal code.
- When available, record the postal code for other countries.
- If the patient has multiple malignancies, the postal code may be different for subsequent primaries.
- Do not update this data item if the patient's postal code changes.
- See "Residency Rules" on page 41 for further instructions.

**Montana Zip Codes:**

| City           | County        | Zip   | City         | County        | Zip   |
|----------------|---------------|-------|--------------|---------------|-------|
| Absarokee      | Stillwater    | 59001 | Acton        | Yellowstone   | 59002 |
| Alberton       | Mineral       | 59820 | Alder        | Madison       | 59710 |
| Alzada         | Carter        | 59311 | Anaconda     | Deer Lodge    | 59711 |
| Angela         | Rosebud       | 59312 | Antelope     | Sheridan      | 59211 |
| Arlee          | Lake          | 59821 | Ashland      | Rosebud       | 59003 |
| Augusta        | Lewis & Clark | 59410 | Avon         | Powell        | 59713 |
| Babb           | Glacier       | 59411 | Bainville    | Roosevelt     | 59212 |
| Baker          | Fallon        | 59313 | Ballantine   | Yellowstone   | 59006 |
| Basin          | Jefferson     | 59631 | Bearcreek    | Carbon        | 59007 |
| Belfry         | Carbon        | 59008 | Belgrade     | Gallatin      | 59714 |
| Belt           | Cascade       | 59412 | Biddle       | Powder River  | 59314 |
| Big Arm        | Lake          | 59910 | Bigfork      | Flathead      | 59911 |
| Bighorn        | Treasure      | 59010 | Big Sandy    | Chouteau      | 59520 |
| Big Sky        | Gallatin      | 59716 | Big Timber   | Sweet Grass   | 59011 |
| Billings       | Yellowstone   | 59101 | Billings     | Yellowstone   | 59102 |
| Billings       | Yellowstone   | 59103 | Billings     | Yellowstone   | 59104 |
| Billings       | Yellowstone   | 59105 | Billings     | Yellowstone   | 59106 |
| Billings       | Yellowstone   | 59107 | Billings     | Yellowstone   | 59108 |
| Birney         | Rosebud       | 59012 | Black Eagle  | Cascade       | 59414 |
| Bloomfield     | Dawson        | 59315 | Bonner       | Missoula      | 59823 |
| Boulder        | Jefferson     | 59632 | Box Elder    | Hill          | 59521 |
| Boyd           | Carbon        | 59013 | Boyes        | Carter        | 59316 |
| Bozeman        | Gallatin      | 59715 | MSU Bozeman  | Gallatin      | 59717 |
| Bozeman        | Gallatin      | 59718 | Bozeman      | Gallatin      | 59719 |
| Bozeman        | Gallatin      | 59771 | Bozeman      | Gallatin      | 59772 |
| Bozeman        | Gallatin      | 59773 | Brady        | Pondera       | 59416 |
| Bridger        | Carbon        | 59014 | Broadus      | Powder River  | 59317 |
| Broadview      | Yellowstone   | 59015 | Brockton     | Roosevelt     | 59213 |
| Brockway       | McCone        | 59214 | Browning     | Glacier       | 59417 |
| Brusett        | Garfield      | 59318 | Buffalo      | Fergus        | 59418 |
| Busby          | Big Horn      | 59016 | Butte        | Silver Bow    | 59701 |
| Butte          | Silver Bow    | 59702 | Butte        | Silver Bow    | 59703 |
| Butte          | Silver Bow    | 59750 | Bynum        | Teton         | 59419 |
| Cameron        | Madison       | 59720 | Canyon Creek | Lewis & Clark | 59633 |
| Capitol        | Carter        | 59319 | Cardwell     | Jefferson     | 59721 |
| Carter         | Chouteau      | 59420 | Cascade      | Cascade       | 59421 |
| Cat Creek      | Petroleum     | 59087 | Charlo       | Lake          | 59824 |
| Chester        | Liberty       | 59522 | Chinook      | Blaine        | 59523 |
| Choteau        | Teton         | 59422 | Circle       | McCone        | 59215 |
| Clancy         | Jefferson     | 59634 | Clinton      | Missoula      | 59825 |
| Clyde Park     | Park          | 59018 | Coffee Creek | Fergus        | 59424 |
| Cohagen        | Garfield      | 59322 | Colstrip     | Rosebud       | 59323 |
| Columbia Falls | Flathead      | 59912 | Columbus     | Stillwater    | 59019 |
| Condon         | Missoula      | 59826 | Conner       | Ravalli       | 59827 |
| Conrad         | Pondera       | 59425 | Cooke City   | Park          | 59020 |
| Coram          | Flathead      | 59913 | Corvallis    | Ravalli       | 59828 |
| Corwin Springs | Park          | 59030 | Craig        | Lewis & Clark | 59648 |
| Crane          | Richland      | 59217 | Creston      | Flathead      | 59902 |
| Crow Agency    | Big Horn      | 59022 | Culbertson   | Roosevelt     | 59218 |
| Custer         | Yellowstone   | 59024 | Cut Bank     | Glacier       | 59427 |
| Dagmar         | Sheridan      | 59219 | Darby        | Ravalli       | 59829 |
| Dayton         | Lake          | 59914 | De Borgia    | Mineral       | 59830 |
| Decker         | Big Horn      | 59025 | Deer Lodge   | Powell        | 59722 |

| City             | County        | Zip   | City           | County        | Zip   |
|------------------|---------------|-------|----------------|---------------|-------|
| Dell             | Beaverhead    | 59724 | Denton         | Fergus        | 59430 |
| Dillon           | Beaverhead    | 59725 | Divide         | Silver Bow    | 59727 |
| Dixon            | Sanders       | 59831 | Dodson         | Phillips      | 59524 |
| Drummond         | Granite       | 59832 | Dupuyer        | Pondera       | 59432 |
| Dutton           | Teton         | 59433 | East Glacier   | Glacier       | 59434 |
| East Helena      | Lewis & Clark | 59635 | Edgar          | Carbon        | 59026 |
| Ekalaka          | Carter        | 59324 | Elliston       | Powell        | 59728 |
| Elmo             | Lake          | 59915 | Emigrant       | Park          | 59027 |
| Ennis            | Madison       | 59729 | Essex          | Flathead      | 59916 |
| Ethridge         | Toole         | 59435 | Eureka         | Lincoln       | 59917 |
| Evergreen        | Flathead      | 59901 | Fairfield      | Teton         | 59436 |
| Fairview         | Richland      | 59221 | Fallon         | Prairie       | 59326 |
| Fishtail         | Stillwater    | 59028 | Flaxville      | Daniels       | 59222 |
| Florence         | Ravalli       | 59833 | Floweree       | Chouteau      | 59440 |
| Forestgrove      | Fergus        | 59441 | Forsyth        | Rosebud       | 59327 |
| Fort Benton      | Chouteau      | 59442 | Fort Harrison  | Lewis & Clark | 59636 |
| Fort Peck        | Valley        | 59223 | Fort Shaw      | Cascade       | 59443 |
| Fort Smith       | Big Horn      | 59035 | Fortune        | Lincoln       | 59918 |
| Four Buttes      | Daniels       | 59263 | Frazer         | Valley        | 59225 |
| Frenchtown       | Missoula      | 59834 | Froid          | Roosevelt     | 59226 |
| Fromberg         | Carbon        | 59029 | Galata         | Toole         | 59444 |
| Gallatin Gateway | Gallatin      | 59730 | Gardiner       | Park          | 59030 |
| Garneill         | Fergus        | 59445 | Garrison       | Powell        | 59731 |
| Garryowen        | Big Horn      | 59031 | Geraldine      | Chouteau      | 59446 |
| Geyser           | Judith Basin  | 59447 | Gildford       | Hill          | 59525 |
| Glasgow          | Valley        | 59230 | Glen           | Beaverhead    | 59732 |
| Glendive         | Dawson        | 59330 | Glentana       | Valley        | 59240 |
| Gold Creek       | Powell        | 59733 | Grantsdale     | Ravalli       | 59835 |
| Grass Range      | Fergus        | 59032 | Great Falls    | Cascade       | 59401 |
| Great Falls      | Cascade       | 59402 | Great Falls    | Cascade       | 59403 |
| Great Falls      | Cascade       | 59404 | Great Falls    | Cascade       | 59405 |
| Great Falls      | Cascade       | 59406 | Greenough      | Missoula      | 59836 |
| Greycliff        | Sweet Grass   | 59033 | Hall           | Granite       | 59837 |
| Hamilton         | Ravalli       | 59840 | Hammond        | Carter        | 59332 |
| Hardin           | Big Horn      | 59034 | Harlem         | Blaine        | 59526 |
| Harlowton        | Wheatland     | 59036 | Harrison       | Madison       | 59735 |
| Hathaway         | Rosebud       | 59333 | Haugan         | Mineral       | 59842 |
| Havre            | Hill          | 59501 | Hays           | Blaine        | 59527 |
| Heart Butte      | Pondera       | 59448 | Helena         | Lewis & Clark | 59601 |
| Helena           | Lewis & Clark | 59602 | Helena         | Lewis & Clark | 59604 |
| Helena           | Lewis & Clark | 59620 | Helena         | Lewis & Clark | 59624 |
| Helena           | Lewis & Clark | 59626 | Helmville      | Powell        | 59843 |
| Heron            | Sanders       | 59844 | Highwood       | Chouteau      | 59450 |
| Hilger           | Fergus        | 59451 | Hingham        | Hill          | 59528 |
| Hinsdale         | Valley        | 59241 | Hobson         | Judith Basin  | 59452 |
| Hogeland         | Blaine        | 59529 | Homestead      | Roosevelt     | 59242 |
| Hot Springs      | Sanders       | 59845 | Hungry Horse   | Flathead      | 59919 |
| Huntley          | Yellowstone   | 59037 | Huson          | Missoula      | 59846 |
| Hysham           | Treasure      | 59038 | Ingomar        | Rosebud       | 59039 |
| Inverness        | Hill          | 59530 | Ismay          | Custer        | 59336 |
| Jackson          | Beaverhead    | 59736 | Jefferson City | Jefferson     | 59638 |
| Joliet           | Carbon        | 59041 | Joplin         | Liberty       | 59531 |
| Jordan           | Garfield      | 59337 | Judith Gap     | Wheatland     | 59453 |
| Kalispell        | Flathead      | 59901 | Kalispell      | Flathead      | 59902 |
| Kalispell        | Flathead      | 59903 | Kalispell      | Flathead      | 59904 |



| City          | County        | Zip   | City           | County        | Zip   |
|---------------|---------------|-------|----------------|---------------|-------|
| Kevin         | Toole         | 59454 | Kila           | Flathead      | 59920 |
| Kinsey        | Custer        | 59338 | Kremlin        | Hill          | 59532 |
| Lake McDonald | Flathead      | 59921 | Lakeside       | Flathead      | 59922 |
| Lambert       | Richland      | 59243 | Lame Deer      | Rosebud       | 59043 |
| Larslan       | Valley        | 59244 | Laurel         | Yellowstone   | 59044 |
| Lavina        | Golden Valley | 59046 | Ledger         | Pondera       | 59456 |
| Lewistown     | Fergus        | 59457 | Libby          | Lincoln       | 59923 |
| Lima          | Beaverhead    | 59739 | Lincoln        | Lewis & Clark | 59639 |
| Lindsay       | Dawson        | 59339 | Livingston     | Park          | 59047 |
| Lloyd         | Blaine        | 59535 | Lodge Grass    | Big Horn      | 59050 |
| Lolo          | Missoula      | 59847 | Loma           | Chouteau      | 59460 |
| Lonepine      | Sanders       | 59848 | Loring         | Phillips      | 59537 |
| Lothair       | Liberty       | 59461 | Lothair        | Toole         | 59474 |
| Lustre        | Valley        | 59225 | Luther         | Carbon        | 59068 |
| Malmstrom AFB | Cascade       | 59402 | Malta          | Phillips      | 59538 |
| Manhattan     | Gallatin      | 59741 | Marion         | Flathead      | 59925 |
| Martin City   | Flathead      | 59926 | Martinsdale    | Meagher       | 59053 |
| Marysville    | Lewis & Clark | 59640 | McAllister     | Madison       | 59740 |
| McCabe        | Roosevelt     | 59245 | McLeod         | Sweet Grass   | 59052 |
| Medicine Lake | Sheridan      | 59247 | Melrose        | Silver Bow    | 59743 |
| Melstone      | Musselshell   | 59054 | Melville       | Sweet Grass   | 59055 |
| Mildred       | Prairie       | 59341 | Miles City     | Custer        | 59301 |
| Mill Iron     | Carter        | 59324 | Milltown       | Missoula      | 59851 |
| Missoula      | Missoula      | 59801 | Missoula       | Missoula      | 59802 |
| Missoula      | Missoula      | 59803 | Missoula       | Missoula      | 59804 |
| Missoula      | Missoula      | 59806 | Missoula       | Missoula      | 59807 |
| Missoula      | Missoula      | 59808 | Moccasin       | Judith Basin  | 59462 |
| Moiese        | Lake          | 59824 | Molt           | Stillwater    | 59057 |
| Monarch       | Cascade       | 59463 | Montana City   | Jefferson     | 59634 |
| Moore         | Fergus        | 59464 | Mosby          | Garfield      | 59058 |
| Musselshell   | Musselshell   | 59059 | Nashua         | Valley        | 59248 |
| Neihart       | Cascade       | 59465 | Niarada        | Sanders       | 59845 |
| Norris        | Madison       | 59745 | Noxon          | Sanders       | 59853 |
| Nye           | Stillwater    | 59061 | Oilmont        | Toole         | 59466 |
| Olive         | Powder River  | 59343 | Olney          | Flathead      | 59927 |
| Opheim        | Valley        | 59250 | Otter          | Powder River  | 59062 |
| Outlook       | Sheridan      | 59252 | Ovando         | Powell        | 59854 |
| Pablo         | Lake          | 59855 | Paradise       | Sanders       | 59856 |
| Park City     | Stillwater    | 59063 | Peerless       | Daniels       | 59253 |
| Pendroy       | Teton         | 59467 | Phillipsburg   | Granite       | 59858 |
| Pinesdale     | Ravalli       | 59841 | Plains         | Sanders       | 59859 |
| Plentywood    | Sheridan      | 59254 | Plevna         | Fallon        | 59344 |
| Polaris       | Beaverhead    | 59746 | Polebridge     | Flathead      | 59928 |
| Polson        | Lake          | 59860 | Pompeys Pillar | Yellowstone   | 59064 |
| Pony          | Madison       | 59747 | Poplar         | Roosevelt     | 59255 |
| Powderville   | Powder River  | 59345 | Power          | Teton         | 59468 |
| Pray          | Park          | 59065 | Proctor        | Lake          | 59914 |
| Proctor       | Lake          | 59929 | Pryor          | Big Horn      | 59066 |
| Radersburg    | Broadwater    | 59641 | Ramsay         | Silver Bow    | 59748 |
| Rapelje       | Stillwater    | 59067 | Ravalli        | Lake          | 59863 |
| Raymond       | Sheridan      | 59256 | Raynesford     | Judith Basin  | 59469 |
| Red Lodge     | Carbon        | 59068 | Redstone       | Sheridan      | 59257 |
| Reedpoint     | Stillwater    | 59069 | Reserve        | Sheridan      | 59258 |
| Rexford       | Lincoln       | 59930 | Richey         | Dawson        | 59259 |
| Richland      | Valley        | 59260 | Ringling       | Meagher       | 59642 |

| <b>City</b>      | <b>County</b> | <b>Zip</b> | <b>City</b>     | <b>County</b> | <b>Zip</b> |
|------------------|---------------|------------|-----------------|---------------|------------|
| Roberts          | Carbon        | 59070      | Rollins         | Lake          | 59931      |
| Ronan            | Lake          | 59864      | Roscoe          | Carbon        | 59071      |
| Rosebud          | Rosebud       | 59347      | Roundup         | Musselshell   | 59072      |
| Roy              | Fergus        | 59471      | Rudyard         | Hill          | 59540      |
| Ryegate          | Golden Valley | 59074      | Saco            | Phillips      | 59261      |
| Saint Ignatius   | Lake          | 59865      | Saint Marie     | Valley        | 59231      |
| Saint Mary       | Glacier       | 59417      | Saint Regis     | Mineral       | 59866      |
| Saint Xavier     | Big Horn      | 59075      | Saltese         | Mineral       | 59867      |
| Sand Coulee      | Cascade       | 59472      | Sand Springs    | Garfield      | 59077      |
| Sanders          | Treasure      | 59076      | Sanders         | Treasure      | 59038      |
| Santa Rita       | Glacier       | 59473      | Savage          | Richland      | 59262      |
| Scobey           | Daniels       | 59263      | Seeley Lake     | Missoula      | 59868      |
| Shawmut          | Wheatland     | 59078      | Shelby          | Toole         | 59474      |
| Shepherd         | Yellowstone   | 59079      | Sheridan        | Madison       | 59749      |
| Shonkin          | Chouteau      | 59450      | Sidney          | Richland      | 59270      |
| Silesia          | Carbon        | 59041      | Silver Gate     | Park          | 59081      |
| Silver Star      | Madison       | 59751      | Simms           | Cascade       | 59477      |
| Somers           | Flathead      | 59932      | Sonnette        | Powder River  | 59348      |
| Springdale       | Park          | 59082      | Stanford        | Judith Basin  | 59479      |
| Stevensville     | Ravalli       | 59870      | Stockett        | Cascade       | 59480      |
| Stryker          | Lincoln       | 59933      | Sula            | Ravalli       | 59871      |
| Sumatra          | Rosebud       | 59083      | Sun River       | Cascade       | 59483      |
| Sunburst         | Toole         | 59482      | Superior        | Mineral       | 59872      |
| Swan Lake        | Flathead      | 59911      | Sweetgrass      | Toole         | 59484      |
| Teigen           | Petroleum     | 59084      | Terry           | Prairie       | 59349      |
| Thompson Falls   | Sanders       | 59873      | Three Forks     | Gallatin      | 59752      |
| Toston           | Broadwater    | 59643      | Townsend        | Broadwater    | 59644      |
| Trego            | Lincoln       | 59934      | Trout Creek     | Sanders       | 59874      |
| Troy             | Lincoln       | 59935      | Turner          | Blaine        | 59542      |
| Twin Bridges     | Madison       | 59754      | Twodot          | Wheatland     | 59085      |
| Ulm              | Cascade       | 59485      | Valier          | Pondera       | 59486      |
| Vandalia         | Valley        | 59273      | Vaughn          | Cascade       | 59487      |
| Victor           | Ravalli       | 59875      | Vida            | McCone        | 59274      |
| Virginia City    | Madison       | 59755      | Volborg         | Custer        | 59351      |
| Walkerville      | Silver Bow    | 59701      | Warm Springs    | Deer Lodge    | 59756      |
| Westby           | Sheridan      | 59275      | West Glacier    | Flathead      | 59936      |
| West Yellowstone | Gallatin      | 59758      | Whitefish       | Flathead      | 59937      |
| Whitehall        | Jefferson     | 59759      | Wht Sulphur Spr | Meagher       | 59645      |
| Whitetail        | Daniels       | 59276      | Whitlash        | Liberty       | 59545      |
| Wibaux           | Wibaux        | 59353      | Willard         | Fallon        | 59354      |
| Willow Creek     | Gallatin      | 59760      | Wilsall         | Park          | 59086      |
| Winifred         | Fergus        | 59489      | Winnett         | Petroleum     | 59087      |
| Winston          | Broadwater    | 59647      | Wisdom          | Beaverhead    | 59761      |
| Wise River       | Beaverhead    | 59762      | Wolf Creek      | Lewis & Clark | 59648      |
| Wolf Point       | Roosevelt     | 59201      | Worden          | Yellowstone   | 59088      |
| Wyola            | Big Horn      | 59089      | Yellowtail      | Big Horn      | 59035      |
| Zortman          | Phillips      | 59546      | Zurich          | Blaine        | 59547      |

## Social Security Number

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 2320          | 9      |               | Required        |

### Description

Records the patient's Social Security number.

### Rationale

This data item can be used to identify patients with similar names.

### Instructions for Coding

- Record the patient's Social Security number.
- A patient's Medicare claim number may not always be identical to the person's Social Security number.
- Record Social Security numbers that end with a "B" or "D" as 999999999. The patient receives benefits under the spouse's number and this is the spouse's Social Security number.

## Date of Birth

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Birthdate      | 240           | 8      | 01/10         | Required        |

### Description

Identifies the date of birth of the patient.

### Rationale

This data item is useful for patient identification. It is also useful when analyzing tumors according to age cohort.

### Instructions for Coding

- Record the patient's date of birth as indicated in the patient record. For single-digit day or month, record with a lead 0 (for example, September is 09). Use the full four-digit year for year.
- For *in utero* diagnosis and treatment, record the actual date of birth. It will follow one or both dates for those events.
- If only the patient age is available, calculate the year of birth from age and the year of diagnosis and leave day and month of birth unknown (for example, a 60 year old patient diagnosed in 2010 is calculated to have been born in 1950).
- If month is unknown, the day is coded unknown. If the year cannot be determined, the day and month are both coded unknown.

**Facility Referred From**

| Alternate Name            | NAACCR Item # | Length | Revision Date | Required Status |
|---------------------------|---------------|--------|---------------|-----------------|
| Institution Referred From | 2410          | 10     | 01/09         | Optional        |

**Description**

Identifies the facility that referred the patient to the reporting facility.

**Rationale**

This number is used to document and monitor referral patterns.

**Instructions for Coding**

- Record the facility name and city the patient was referred from.

## Facility Referred To

| Alternate Name          | NAACCR Item # | Length | Revision Date | Required Status |
|-------------------------|---------------|--------|---------------|-----------------|
| Institution Referred To | 2420          | 10     | 01/09         | Optional        |

### Description

Identifies the facility to which the patient was referred for further care after discharge from the reporting facility.

### Rationale

This number is used to document and monitor referral patterns.

### Instructions for Coding

- Record the facility and city the patient was referred to.

## Race

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
|                | 160           | 2      | 01/04, 01/09, 01/10 | Required        |

### Description

Identifies the primary race of the person.

### Rationale

Racial origin captures information used in research and cancer control activities comparing stage at diagnosis and/or treatment by race. The full coding system should be used to allow for an accurate national comparison.

### Instructions for Coding

- Additional races should also be recorded.
- "Race" is analyzed with *Spanish/Hispanic Origin*. Both items must be recorded.
- All tumors for the same patient should have the same race.

| Record                               | Record  |
|--------------------------------------|---|
| White                                | Micronesian, NOS                                    |
| Black                                | Chamorroan  |
| American Indian, Aleutian, or Eskimo | Guamanian, NOS                                      |
| Chinese                              | Polynesian, NOS                                     |
| Japanese                             | Tahitian  |
| Filipino                             | Samoan  |
| Hawaiian                             | Tongan  |
| Korean                               | Melanesian, NOS                                     |
| Vietnamese                           | Fiji Islander                                       |
| Laotian                              | New Guinean   |
| Hmong                                | Other Asian, including Asian, NOS and Oriental, NOS |
| Kampuchean (Cambodian)               | Pacific Islander, NOS                               |
| Thai                                 | Other   |
| Asian Indian or Pakistani, NOS       | Unknown   |
| Asian Indian                         |   |
| Pakistani                            |   |

## Spanish/Hispanic Origin

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Ethnicity      | 190           | 1      | 09/04         | Required        |

### Description

Identifies persons of Spanish or Hispanic origin.

### Rationale

This code is used by hospitals and central registries to identify whether or not the person should be classified as "Hispanic" for purposes of calculating cancer rates. Hispanic populations have different patterns of occurrence of cancer from other populations that may be included in the 01 (White category) or *Race 1* through *Race 5*.

### Instructions for Coding

- Persons of Spanish or Hispanic origin may be of any race, but these categories are generally not used for Native Americans, Filipinos, or others who may have Spanish names.
- Record Non-Spanish or non-Hispanic for Portuguese and Brazilian persons.
- If the patient has multiple tumors, all records should have the same code.

| Record   |
|--|
| Non-Spanish; non-Hispanic  |
| Mexican (includes Chicano)   |
| Puerto Rican   |
| Cuban  |
| South or Central American (except Brazil)  |
| Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)   |
| Spanish, NOS; Hispanic, NOS; Latino, NOS (There is evidence other than surname or maiden name that the person is Hispanic, but he/she cannot be assigned to any other category of 1-5) |
| Spanish surname only (The only evidence of the person's Hispanic origin is surname or maiden name, and there is no contrary evidence that the person is not Hispanic)                  |
| Dominican Republic (for use with patients who were diagnosed with cancer on January 1, 2005, or later)   |
| Unknown whether Spanish or not; not stated in patient record   |



**Sex**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Gender         | 220           | 1      |               | Required        |

**Description**

Identifies the sex of the patient.

**Rationale**

This data item is used to compare cancer rates and outcomes by site. The same sex code should appear in each medical record for a patient with multiple tumors.

**Instructions for Coding**

- Record the patient's sex as indicated in the medical record.

| Record                       |
|------------------------------|
| Male                         |
| Female                       |
| Other (hermaphrodite)        |
| Transsexual                  |
| Not stated in patient record |

## Age at Diagnosis

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 230           | 3      |               | Required        |

### Description

Records the age of the patient at his or her birthday before diagnosis.

### Rationale

This data item is useful for patient identification. It may also be useful when analyzing tumors according to specific patient age.

### Instructions for Coding

- If the patient has multiple primaries, then the age at diagnosis may be different for subsequent primaries.

| Code | Definition                                 |
|------|--|
| 0    | Less than one year old.                    |
| 1    | One year old, but less than two years old. |
| 2    | Two years old.                             |
| ...  | Show actual age in years.                  |
| 120  | One hundred twenty years old.              |
| 999  | Unknown age.                               |

## Marital Status

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 150           | 1      |               | Required        |

### Description

Identifies the patient's marital status at diagnosis.

### Rationale

This data item is used to evaluate marital status and identify those at risk for certain cancers.

### Instructions for Coding

- Code the patient's marital status at diagnosis for each primary tumor.
- If the patient has more than one primary tumor, the marital status may be different for each.
- Marital status should not be modified or updated if the patient's marital status changes after diagnosis.
- If a patient is under 15 years of age, assume he/she is single.

| Record                         |
|--------------------------------|
| Single (never married)         |
| Married (including common law) |
| Separated                      |
| Divorced                       |
| Widowed                        |
| Unknown                        |

## Spouse/Parent Name

| Alternate Name       | NAACCR Item # | Length | Revision Date | Required Status |
|----------------------|---------------|--------|---------------|-----------------|
| Name – Spouse/Parent | 2290          | 60     | 01/10         | Required        |

### Description

Identifies the patient's spouse or parent.

### Rationale

This data item is used to confirm marital status and to aid in follow-up of the patient.

### Instructions for Coding

- Record the patient's spouse's name if the patient is married.
- Record the patient's parent's name if the patient is unmarried or is still a child.

## Place of Birth

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Birthplace     | 250           | 3      | 01/04, 09/06  | Required        |

### Description

Records the patient's place of birth.

### Rationale

This data item is used to evaluate medical care delivery to special populations and to identify populations at special risk for certain cancers. Place of birth is helpful for patient matching and can be used when reviewing race and ethnicity. In addition, adding birthplace data to race and ethnicity allows for a more specific definition of the population being reported. Careful descriptions of ancestry, birthplace, and immigration history of populations studied are needed to make the basis for classification into ethnic groups clear. Birthplace has been associated with variation in genetic, socioeconomic, cultural, and nutritional characteristics that affect patterns of disease. A better understanding of the differences within racial and ethnic categories also can help states develop effective, culturally sensitive public health prevention programs to decrease the prevalence of high-risk behaviors and increase the use of preventive services.

### Instructions for Coding

- Record the two-digit state abbreviation, Canadian province or territory, or record country.

### Common Abbreviations:

| State                |    | State          |    | State                          |    |
|----------------------|----|----------------|----|--------------------------------|----|
| Alabama              | AL | Massachusetts  | MA | Tennessee                      | TN |
| Alaska               | AK | Michigan       | MI | Texas                          | TX |
| Arizona              | AZ | Minnesota      | MN | Utah                           | UT |
| Arkansas             | AR | Mississippi    | MS | Vermont                        | VT |
| California           | CA | Missouri       | MO | Virginia                       | VA |
| Colorado             | CO | Montana        | MT | Washington                     | WA |
| Connecticut          | CT | Nebraska       | NE | West Virginia                  | WV |
| Delaware             | DE | Nevada         | NV | Wisconsin                      | WI |
| District of Columbia | DC | New Hampshire  | NH | Wyoming                        | WY |
| Florida              | FL | New Jersey     | NJ | United States, state unk       | US |
| Georgia              | GA | New Mexico     | NM | American Samoa                 | AS |
| Hawaii               | HI | New York       | NY | Guam                           | GU |
| Idaho                | ID | North Carolina | NC | Puerto Rico                    | PR |
| Illinois             | IL | North Dakota   | ND | Virgin Islands                 | VI |
| Indiana              | IN | Ohio           | OH | Palau                          | PW |
| Iowa                 | IA | Oklahoma       | OK | Micronesia                     | FM |
| Kansas               | KS | Oregon         | OR | Marshall Islands               | MH |
| Kentucky             | KY | Pennsylvania   | PA | Outlying Islands               | UM |
| Louisiana            | LA | Rhode Island   | RI | APO/FPO Armed Services America | AA |
| Maine                | ME | South Carolina | SC | APO/FPO Armed Services Europe  | AE |
| Maryland             | MD | South Dakota   | SD | APO/FPO Armed Services Pacific | AP |

The following are abbreviations for Canadian provinces and territories:

| Province/Territory        |    | Province/Territory       |    |
|---------------------------|----|--------------------------|----|
| Alberta                   | AB | Nunavut                  | NU |
| British Columbia          | BC | Ontario                  | ON |
| Manitoba                  | MB | Prince Edward Island     | PE |
| New Brunswick             | NB | Quebec                   | QC |
| Newfoundland and Labrador | NL | Saskatchewan             | SK |
| Northwest Territories     | NT | Yukon                    | YT |
| Nova Scotia               | NS | Canada, province unknown | CD |

## Telephone Number

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 2360          | 11     |               | Required        |

### Description

Records the current telephone number with area code for the patient and describes who the phone number belongs to.

### Rationale

This data item may be used by the hospital registry to contact the patient for follow-up.

### Instructions for Coding

- The telephone number should be the current number with area code of the patient.
- Update this data item if the patient's telephone number changes.

## Tobacco History

| Alternate Name  | NAACCR Item # | Length | Revision Date | Required Status |
|-----------------|---------------|--------|---------------|-----------------|
| Smoking History | 340           | 1      | 01/09         | Required        |

### Description

Identifies the patient's past or current use of tobacco.

### Rationale

This data item is used to evaluate if previous or present tobacco use may have caused a higher risk of cancer.

### Instructions for Coding

- Record the type of tobacco.
- Record if the tobacco use is current or past use.

| Record                        |
|-------------------------------|
| Never used                    |
| Cigarette smoker, current     |
| Cigar/pipe smoker, current    |
| Snuff/chew/smokeless, current |
| Combination use, current      |
| Previous use                  |
| Unknown                       |

## Alcohol History

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 350           | 1      | 01/09         | Required        |

### Description

Indicates the patient's past or current consumption of alcoholic beverages.

### Rationale

This data item is used to evaluate if previous or present alcohol use have caused a higher risk of cancer.

### Instructions for Coding

- Record current or past history of alcohol use.

| Record  |
|---|
| No history of alcohol use                           |
| Current use of alcohol                              |
| Past history of alcohol use, does not currently use |
| Alcohol usage unknown                               |



## Usual Occupation

| Alternate Name          | NAACCR Item # | Length | Revision Date | Required Status |
|-------------------------|---------------|--------|---------------|-----------------|
| Text – Usual Occupation | 310           | 100    | 01/10         | Required        |

### Description

*Usual Occupation* describes information about the patient's usual occupation, also known as usual type of job or work.

### Rationale

Used to identify new work-related health hazards; serves as an additional measure of socioeconomic status; identifies occupational groups in which cancer screening or prevention activities may be beneficial. This data item applies only to patients who are age 14 years or older at the time of diagnosis.

### Instructions for Coding

- Record the patient's usual occupation (i.e., the kind of work performed during most of the patient's working life before diagnosis of this tumor). Do not record "retired".
- If usual occupation is not available or is unknown, record the patient's current or most recent occupation, or any known occupation.
- Update this field if better information is obtained as to the usual occupation of the patient. However, it is not the responsibility of the registrar to update abstracts with information provided on death certificates.
- If the patient was a housewife/househusband and also worked outside the home most of his/her adult life, record the usual occupation outside of the home. If the patient was a housewife/househusband and did not work outside the home for most of his/her adult life, record "housewife" or "househusband".
- If the patient was not a student or housewife and never worked, record "never worked" as the usual occupation.
- If no information is available, record "unknown".
- Spell out acronyms of occupations; do not just record the acronym. For example, spell out Registered Nurse rather than RN.

## Usual Industry

| Alternate Name        | NAACCR Item # | Length | Revision Date | Required Status |
|-----------------------|---------------|--------|---------------|-----------------|
| Text – Usual Industry | 320           | 100    | 01/10         | Required        |

### Description

*Usual Industry* describes information about the patient's usual industry; also known as usual kind of business/industry.

### Rationale

Used to identify new work-related health hazards, serves as an additional measure of socioeconomic status; identifies industrial groups or worksite-related groups in which cancer screening or prevention activities may be beneficial. This data item applies only to patients who are age 14 years or older at the time of diagnosis.

### Instructions for Coding

- Record the primary type of activity carried on by the business/industry where the patient was employed for the most number of years before diagnosis of this tumor.
- Be sure to distinguish among "manufacturing", "wholesale", "retail", and "service" components of an industry which performs more than one of these components.
- If the primary activity carried on at the location where the patient worked is unknown, it may be sufficient to record the name of the company (with city or town) for which the patient performed his/her usual occupation. In these situations, if resources permit, a central registry may be able to use the employer name and city/town to determine the type of activity conducted at that location
- If current or most recent occupation, rather than usual occupation was recorded, record the patient's current or most recent business/industry.
- Update this field if better information is obtained as to the usual industry of the patient. However, it is not the responsibility of the registrar to update abstracts with industry information provided on death certificates.
- There should be an entry for "usual industry" if any occupation is recorded. If no information is available regarding industry in which the reported occupation was carried out, record "unknown".
- Spell out acronyms of industry/company; do not just record the acronym. For example, spell out Department of Public Health and Human Services rather than DPHHS.
- Describe the company if the name of the company is not in itself descriptive. For example, describe "Sam's" as "Sam's Exxon Gas Station".

**Follow-Up Contact - Name**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 2394          | 60     | 01/10         | Required        |

**Description**

Identifies a contact person available for contact if the patient is unavailable. First and last name, in natural order, of a person, other than the patient or a physician, who can be contacted to obtain follow-up information for the patient.

**Rationale**

Sometimes hospital registries carry out follow-up by contact the patient and other contacts by a letter for a phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting epidemiological or research studies.

**Instructions for Coding**

- Record the name of a contact person other than the patient's spouse or physician.

## Follow-Up Contact - Relationship

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               | 25     |               | Required        |

### Description

Identifies the contact person's relationship to the patient.

### Rationale

Sometimes hospital registries carry out follow-up by contact the patient and other contacts by a letter for a phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting epidemiological or research studies.

### Instructions for Coding

- Record the relationship of the contact person (e.g., son, daughter, friend, mother, father, neighbor).

## Follow-Up Contact - No & Street

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 2392          | 60     | 01/10         | Required        |

### Description

Identifies the street address of the contact person.

### Rationale

Sometimes hospital registries carry out follow-up by contact the patient and other contacts by a letter for a phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting epidemiological or research studies.

### Instructions for Coding

- Record the number and street address or the rural mailing address of the contact person's usual residence.
- The address should be fully spelled out with standardized use of abbreviations and punctuation per U.S. Postal Service postal addressing standards. The USPS Postal Addressing Standards, Pub 28, November 2000 can be found on the Internet at <http://pe.usps.gov/cpim/ftp/pubs/pub28/pub28.pdf>.
- Abbreviations should be limited to those recognized by the Postal Service standard abbreviations. They include, but are not limited to:

- |                    |                     |
|--------------------|---------------------|
| • AVE (avenue)     | • FL (floor)        |
| • BLVD (boulevard) | • STE (suite)       |
| • CIR (circle)     | • UNIT (unit)       |
| • CT (court)       | • RM (room)         |
| • DR (drive)       | • DEPT (department) |
| • PLZ (plaza)      | • N (north)         |
| • PARK (park)      | • NE (northeast)    |
| • PKWY (parkway)   | • NW (northwest)    |
| • RD (road)        | • S (south)         |
| • SQ (square)      | • SE (southeast)    |
| • ST (street)      | • SW (southwest)    |
| • APT (apartment)  | • E (east)          |
| • BLDG (building)  | • W (west)          |

A complete list of recognized street abbreviations is provided in *Appendix C of USPS Pub 28*.

- Punctuation is normally limited to periods (i.e., 39.2 RD), slashes for fractional addresses (i.e., 101 ½ MAIN ST), and hyphens when a hyphen carries meaning (i.e., 289-01 MONTGOMERY AVE). Use of the pound sign (#) to designate address units should be avoided whenever possible. The preferred notation is as follows: 102 MAIN ST APT 101. If a pound sign is used, there must be a space between the pound sign and the secondary number (i.e., 425 FLOWER BLVD # 72).
- See "Residency Rules" on page 41 for further instructions.

| Code                     | Definition   |
|--------------------------|--|
| 103 FIRST AVE SW APT 102 | The use of capital letters is preferred by the USPS; use recognized USPS standardized abbreviations; do not use punctuation unless absolutely necessary to clarify an address; leave blanks between numbers and words. |
| UNKNOWN                  | If the contact person's address is unknown, enter UNKNOWN.   |

## Follow-Up Contact - City

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 1842          | 50     | 01/10         | Required        |

### Description

Name of the city of the follow-up contact's current usual residence. If the patient has multiple tumors, the follow-up contact city of residence should be the same for all tumors.

### Rationale

Sometimes hospital registries carry out follow-up by contact the patient and other contacts by a letter for a phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting epidemiological or research studies.

### Instructions for Coding

- Record the name of the city or town used in the contact person's mailing address.
- See "Residency Rules" in on page 41 for further instructions.

## Follow-Up Contact - State

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 1844          | 2      |               | Required        |

### Description

USPS abbreviation for the state (including U.S. territories, commonwealths, or possessions), or Canada Post abbreviation for the Canadian province/territory of the follow-up contact's current usual residence. If the patient has multiple tumors, the follow-up contact state should be the same for all tumors.

### Rationale

Sometimes hospital registries carry out follow-up by contact the patient and other contacts by a letter for a phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting epidemiological or research studies.

### Instructions for Coding

- U.S. Postal Service abbreviation for the state, territory, commonwealth, U.S. possession, or Canadian province/territory in which the contact person resides.
- If the contact person is a foreign resident, then code either XX or YY depending on the circumstance.

### Common abbreviations

| State                |    | State          |    | State                          |    |
|----------------------|----|----------------|----|--------------------------------|----|
| Alabama              | AL | Massachusetts  | MA | Tennessee                      | TN |
| Alaska               | AK | Michigan       | MI | Texas                          | TX |
| Arizona              | AZ | Minnesota      | MN | Utah                           | UT |
| Arkansas             | AR | Mississippi    | MS | Vermont                        | VT |
| California           | CA | Missouri       | MO | Virginia                       | VA |
| Colorado             | CO | Montana        | MT | Washington                     | WA |
| Connecticut          | CT | Nebraska       | NE | West Virginia                  | WV |
| Delaware             | DE | Nevada         | NV | Wisconsin                      | WI |
| District of Columbia | DC | New Hampshire  | NH | Wyoming                        | WY |
| Florida              | FL | New Jersey     | NJ | United States                  | US |
| Georgia              | GA | New Mexico     | NM | American Samoa                 | AS |
| Hawaii               | HI | New York       | NY | Guam                           | GU |
| Idaho                | ID | North Carolina | NC | Puerto Rico                    | PR |
| Illinois             | IL | North Dakota   | ND | Virgin Islands                 | VI |
| Indiana              | IN | Ohio           | OH | Palau                          | PW |
| Iowa                 | IA | Oklahoma       | OK | Micronesia                     | FM |
| Kansas               | KS | Oregon         | OR | Marshall Islands               | MH |
| Kentucky             | KY | Pennsylvania   | PA | Outlying Islands               | UM |
| Louisiana            | LA | Rhode Island   | RI | APO/FPO Armed Services America | AA |
| Maine                | ME | South Carolina | SC | APO/FPO Armed Services Europe  | AE |
| Maryland             | MD | South Dakota   | SD | APO/FPO Armed Services Pacific | AP |

The following are abbreviations for Canadian provinces and territories:

| Province/Territory        |    | Province/Territory   |    |
|---------------------------|----|----------------------|----|
| Alberta                   | AB | Nunavut              | NU |
| British Columbia          | BC | Ontario              | ON |
| Manitoba                  | MB | Prince Edward Island | PE |
| New Brunswick             | NB | Quebec               | QC |
| Newfoundland and Labrador | NF | Saskatchewan         | SK |
| Northwest Territories     | NT | Yukon                | YT |
| Nova Scotia               | NS | Canada               | CD |

## Follow-Up Contact – Zip Code

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 1846          | 9      |               | Required        |

### Description

Postal code for the address of the follow-up contact's current usual residence. If the patient has multiple tumors, the follow-up contact postal codes should be the same for all tumors. For U.S. residents, use either the 5-digit or the extended 9-digit ZIP code. Blanks follow the 5-digit code. For Canadian residents, use the 6-character, alphanumeric postal code. Blanks follow the 6-character code. When available, enter postal code for other countries.

### Rationale

Sometimes hospital registries carry out follow-up by contact the patient and other contacts by a letter for a phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting epidemiological or research studies.

### Instructions for Coding

- For U.S. residents, record the contact person's nine-digit extended postal code.
- For Canadian residents, record the six-character postal code.
- When available, record the postal code for other countries.
- See "Residency Rules" on page 41 for further instructions.



### Follow-Up Contact - Telephone Number

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               | 10     |               | Required        |

#### Description

Identifies the phone number of the contact person.

#### Rationale

Sometimes hospital registries carry out follow-up by contact the patient and other contacts by a letter for a phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting epidemiological or research studies.

#### Instructions for Coding

- Record the phone number of the contact person with the area code.

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# **Cancer Information**

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## Date of Diagnosis

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
| Diagnosis Date | 390           | 8      | 09/04, 01/09, 01/10 | Required        |

### Description

Records the date of initial diagnosis by a physician for the tumor being reported.

### Rationale

The timing for staging and treatment of cancer begins with the date of initial diagnosis for cancer.

### Instructions for Coding

- Use the first date of diagnosis whether clinically or histologically confirmed.
- If the physician states that in retrospect the patient had cancer at an earlier date, use the earlier date as the date of diagnosis.
- Use the date treatment was started as the date of diagnosis if the patient receives a first course of treatment before a definitive diagnosis.
- Refer to the list of "Ambiguous Terms" on page 13 for language that represents a diagnosis of cancer.
- The date of death is the date of diagnosis for cases diagnosed at autopsy or death certificate only.
- Use the actual date of diagnosis for an *in utero* diagnosis, for cases diagnosed on January 1, 2009 or later. For cases diagnosed before January 1, 2009, assign the date of birth.
- If the year of diagnosis cannot be identified, it must be approximated. In that instance, the month and date are unknown.

### Examples:

| Code                 | Reason   |
|----------------------|--|
| 06302005             | June 30, 2005  |
| 03122005             | A March 12, 2005 mammogram reveals a mass in the upper-outer quadrant of a patient's right breast compatible with a carcinoma. On March 20, 2005, the patient has an excisional breast biopsy that confirms infiltrating ductal carcinoma.   |
| 05122003             | A physician notes a prostate nodule that is suspicious for cancer during a May 12, 2003 physical examination. On June 15, 2003, an ultrasound guided needle biopsy of the prostate provides Histologic confirmation of adenocarcinoma.   |
| 01992004             | A patient has a total abdominal hysterectomy for endometriosis in January 2004. The patient is admitted to the hospital with abdominal pain and distention in November 2005. A laparoscopy with omental biopsy shows metastatic cystadenocarcinoma. Pathologists review the 2004 hysterectomy specimen. They identify an area of cystadenocarcinoma in the left ovary. |
| 09992005             | If the exact date of the beginning of treatment is not available, then record an approximate date. For example, September 2005.  |
| 04992003             | If information is limited to the description "Spring, 2003".   |
| 07992003             | If information is limited to the description "The middle of the year, 2003".   |
| 10992003             | If information is limited to the description "Fall, 2003".   |
| 12992003 or 01992004 | If information is limited to the description "Winter", try to determine if this means the beginning or the end of the year. Code January or December as indicated.   |

## Primary Site

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 400           |        |               | Required        |

### Description

Identifies the primary site.

### Rationale

Primary Site is a basis for staging and determination of treatment options. It also affects the prognosis and course of the disease.

### Instructions for Coding

- Record the site of origin.
- Consult the physician advisor to identify the primary site or the most definitive site code if the medical record does not contain that information.
- Follow the Instructions for Coding in ICD-O-3, pages 20-40 and in the current *Multiple Primary and Histology Coding Rules* to assign site for solid tumors.
- Follow the instructions in *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the Hematopoietic and Lymphoid Neoplasms Database (hematopoietic DB) for assigning site for lymphomas, leukemia and other hematopoietic neoplasms.

## Laterality

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Paired Organ   | 410           | 1      | 01/04, 01/10  | Required        |

### Description

Identifies the side of a paired organ or the side of the body on which the reportable tumor originated. This applies to the primary site only.

### Rationale

Laterality supplements staging and extent of disease information and defines the number of primaries involved.

### Instructions for Coding

- Code laterality for all paired sites (see list of paired organs on the following page).
- Do not code metastatic sites as bilateral involvement.
- Code midline lesions 5.
- Non-paired sites may be coded right or left, if appropriate.

| Record  |
|---|
| Organ is not a paired site.   |
| Origin of primary is right.   |
| Origin of primary is left.  |
| Only one side involved, right or left origin not specified.   |
| Bilateral involvement at time of diagnosis, lateral origin unknown for a single primary; or both ovaries involved simultaneously with a single histology; bilateral retinoblastomas; bilateral Wilms tumors |
| Paired site: midline tumor.   |
| Paired site, but no information concerning laterality.  |

*Laterality* must be recorded for the following paired organs as 1-5 or 9. Organs that are not paired, for which you have not recorded right or left laterality, are coded 0. Midline origins are coded 5. This code is new for 2010, and it may be used retrospectively for cases diagnosed prior to 2010.

| Site  |
|---|
| Parotid gland   |
| Submandibular gland   |
| Sublingual gland  |
| Tonsillar fossa   |
| Tonsillar pillar  |
| Overlapping lesion of tonsil  |
| Tonsil, NOS   |
| Nasal cavity (excluding nasal cartilage and nasal septum)                   |
| Middle ear  |
| Maxillary sinus   |
| Frontal sinus   |
| Main bronchus(excluding carina)   |
| Lung  |
| Pleura  |
| Long bones of upper limb and scapula  |
| Short bones of upper limb   |
| Long bones of lower limb  |
| Short bones of lower limb   |
| Rib and clavicle (excluding sternum)  |
| Pelvic bones (excluding sacrum, coccyx, and symphysis pubis)                |
| Skin of eyelid  |
| Skin of external ear  |
| Skin of other and unspecified parts of face                                 |
| Skin of trunk   |
| Skin of upper limb and shoulder   |
| Skin of lower limb and hip  |
| Peripheral nerves and autonomic nervous system of upper limb and shoulder   |
| Peripheral nerves and autonomic nervous system of lower limb and hip        |
| Connective, subcutaneous, and other soft tissues of upper limb and shoulder |
| Connective, subcutaneous, and other soft tissues of lower limb and hip      |
| Breast  |
| Ovary   |
| Fallopian tube  |
| Testis  |
| Epididymis  |
| Spermatic cord  |
| Kidney, NOS   |
| Renal pelvis  |
| Ureter  |
| Eye and lacrimal gland  |
| Cerebral meninges, NOS  |
| Cerebrum and Frontal lobe   |
| Temporal, Parietal, and Occipital lobes                                     |
| Olfactory, Optic, Acoustic, and Cranial nerves, NOS                         |
| Adrenal gland   |
| Carotid body  |

## Other Primary Tumors

| Alternate Name              | NAACCR Item # | Length | Revision Date | Required Status |
|-----------------------------|---------------|--------|---------------|-----------------|
| Text – Other Primary Tumors |               | 90     |               | Required        |

### Description

Text area for documentation of information regarding other primary tumors the patient may have.

### Rationale

Identification of other tumors may affect the sequence.

### Instructions for Coding

- Document the information regarding other tumors the patient may have or had in the past.

### For example:

01 = adenoca of cervix, 1957, not submitted

01 = oat cell carcinoma of lung, 1996, submitted

## Place of Diagnosis

| Alternate Name            | NAACCR Item # | Length | Revision Date | Required Status |
|---------------------------|---------------|--------|---------------|-----------------|
| Text – Place of Diagnosis | 2690          | 60     | 01/10         | Required        |

### Description

Text area for manual documentation of the facility, physician office, city, state, or county where the diagnosis was made.

### Rationale

Place of Diagnosis is necessary for case consolidation with cases that are reported from multiple sources and provides information to record class of case.

### Instructions for Coding

- Place an X in the appropriate box.
- Use the Other category to record a physician name, address, city, or state where diagnosis took place.



## Diagnostic Confirmation

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 490           | 1      | 01/04, 01/10  | Required        |

### Description

Records the best method of diagnostic confirmation of the cancer being reported at any time in the patient's history.

### Rationale

This item is an indicator of the precision of diagnosis. The percentage of solid tumors that are clinically diagnosed only is an indication of whether casefinding is including sources outside of pathology reports. Full incidence calculations must include both clinically and pathologically confirmed cases.

### Instructions for Coding Solid Tumors (all tumors except M9590-9992)

- This is a hierarchical schema to identify how the malignancy was determined – from histologic confirmation being most precise to unknown being the least. Histologic confirmation is the highest determination and takes precedence.
- This data item must be changed to the highest on the list if a more definitive method confirms the diagnosis at any time during the course of the disease.
- Record Histology for positive hematologic findings and bone marrow specimens for leukemia, including peripheral blood smears and aspiration biopsies.
- Record Cytology for positive brushings, washings, cell aspiration, and hematologic findings (except for leukemia).

### Codes for Solid Tumors

| Check   | Definition   |
|---|--|
| Positive histology  | Histologic confirmation (tissue microscopically examined).   |
| Positive cytology   | Cytologic confirmation (no tissue microscopically examined; fluid cells microscopically examined).   |
| Positive microscopic confirmation, method not specified                   | Microscopic confirmation is all that is known. It is unknown if the cells were from histology or cytology.   |
| Positive laboratory test/marker study                                     | A clinical diagnosis of cancer is based on laboratory tests/marker studies which are clinically diagnostic for cancer. This includes alpha-fetoprotein for liver cancer and abnormal electrophoretic spike for multiple myeloma. Elevated PSA is not diagnostic of cancer. |
| Direct visualization without microscopic confirmation                     | The tumor was visualized during a surgical or endoscopic procedure only with no tissue resected for microscopic examination.   |
| Radiography and other imaging techniques without microscopic confirmation | The malignancy was reported by the physician from an imaging technique report only.  |
| Clinical diagnosis only (other than 5, 6, or 7)                           | The malignancy was reported by the physician in the medical record.  |
| Unknown whether or not microscopically confirmed                          | A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed (usually non-analytic).  |

**Instructions for Coding Hematopoietic or Lymphoid Tumors (9590-9992)**

- There is no priority hierarchy for coding diagnostic Confirmation for hematopoietic and lymphoid tumors. Most commonly, the specific histologic type is diagnosed by immunophenotyping or genetic testing. See the *Hematopoietic Database (DB)* for information on the definitive diagnostic confirmation for specific types of tumors.
- Mark Histology when the microscopic diagnosis is based on tissue specimens from biopsy, frozen section, surgery, or autopsy or bone marrow specimens from aspiration or biopsy.
- For leukemia only, mark histology when the diagnosis is based only on the complete blood count (CBC), white blood count (WBC) or peripheral blood smear. Do not use histology if the diagnosis was based on immunophenotyping or genetic testing using tissue, bone marrow, or blood.
- Mark cytology when the microscopic diagnosis is based on cytologic examination of *cells* (rather than tissue) including but not limited to spinal fluid, peritoneal fluid, pleural fluid, urinary sediment, cervical smears and vaginal smears, or from paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid. These methods are rarely used for hematopoietic or lymphoid tumors.
- Mark histology when there is a histology positive for cancer AND positive immunophenotyping and/or positive genetic testing results.
- Mark lab test when the diagnosis of cancer is based on laboratory tests or marker studies which are clinically diagnostic for that specific cancer, but no positive histologic confirmation.
- Mark visual when the diagnosis is based only on the surgeon's report from a surgical exploration or endoscopy or from gross autopsy findings without tissue or cytological findings.
- Mark clinical when the case was diagnosed by any clinical method that cannot be marked as visual or xray. A number of hematopoietic and lymphoid neoplasms are diagnosed by tests of excluding where the tests for the disease are equivocal and the physician makes a clinical diagnosis based on the information from the equivocal tests and the patient's clinical presentation.

| Check  | Definition  |
|--|---|
| Positive histology   | Histologic confirmation (tissue microscopically examined).  |
| Positive cytology  | Cytologic confirmation (no tissue microscopically examined; fluid cells microscopically examined).  |
| Positive histology PLUS <ul style="list-style-type: none"><li>• Positive immunophenotyping AND/OR</li><li>• Positive genetic studies</li></ul> | Histology is positive for cancer, and there are also positive immunophenotyping and/or genetic test results. For example, bone marrow examination is positive for acute myeloid leukemia (9861/3). Genetic testing shows AML with inv(16)(p13.1q22) (9871/3). |
| Positive microscopic confirmation, method not specified  | Microscopic confirmation is all that is known. It is unknown if the cells were from histology or cytology.  |
| Positive laboratory test/marker study  | A clinical diagnosis of cancer is based on laboratory tests/marker studies which are clinically diagnostic for cancer.  |
| Direct visualization without microscopic confirmation  | The tumor was visualized during a surgical or endoscopic procedure only with no tissue resected for microscopic examination.  |
| Radiography and other imaging techniques without microscopic confirmation  | The malignancy was reported by the physician from an imaging technique report only.   |
| Clinical diagnosis only (other than 5, 6, or 7)  | The malignancy was reported by the physician in the medical record.   |
| Unknown whether or not microscopically confirmed   | A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed (usually non-analytic).   |

## Diagnostic Summary

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

Diagnostic Summary documents information from physical evaluation, pathology, scopes, x-rays/scans, and lab tests.

### Rationale

Information documented in the Diagnostic Summary substantiates the patient's cancer diagnosis. The MCTR uses information provided in Diagnostic Summary to code class of case, date of first contact, sequence, date of diagnosis, primary site, place of diagnosis, diagnostic confirmation, histology, grade, behavior, and stage.

### Instructions for Coding

- Review and record results from all reports related to the diagnosis even if results are negative.
- Approved abbreviations should be used (listed in Appendix B).

## Physical Exam

| Alternate Name      | NAACCR Item # | Length | Revision Date | Required Status |
|---------------------|---------------|--------|---------------|-----------------|
| Text – DX Proc – PE | 2520          | 1,000  | 01/10         | Required        |

### Description

Physical Evaluation describes the history and physical examination about the history of the current tumor and the clinical description of this tumor.

### Rationale

Physical evaluation provides verification of date of first contact, diagnosis date, age, race, Hispanic origin, sex, primary site, laterality, histology, sequence number, and staging.

### Instructions for Coding

- Approved abbreviations should be used (listed in Appendix B).

### Suggestions for text:

- Date of physical exam
- Age, sex, race/ethnicity
- History that relates to cancer diagnosis
- Primary Site
- Histology (if diagnosis prior to this admission)
- Tumor location
- Tumor size
- Palpable lymph nodes
- Record positive and negative clinical findings; record positive results first
- Impression
- Treatment plan

## Pathology

| Alternate Name        | NAACCR Item # | Length | Revision Date | Required Status |
|-----------------------|---------------|--------|---------------|-----------------|
| Text – DX Proc – Path | 2570          | 1,000  | 01/10         | Required        |

### Description

Pathology section should describe dates, procedures, slide #, facility, specimen results, histology, grade, behavior, tumor size, extent of spread, surgical margins, lymph nodes involved and examined.

### Rationale

Pathologic information indicates primary site, histologic type, grade, extent of disease, etc.

### Instructions for Coding

- Approved abbreviations should be used (listed in Appendix B).

### Suggestions for text:

- Date(s) of procedure(s)
- Type of tissue specimen(s)
- Tumor type and grade (include all modifying adjectives (i.e., predominantly, with features of, with foci of, elements of, etc.)
- Gross tumor size
- Extent of tumor spread
- Involvement of resection margins
- Number of lymph nodes involved and examined
- Record both positive and negative findings; record positive test results first
- Note if pathology report is a slide review or a second opinion from an outside source (i.e., AFIP, Mayo, etc.)
- Record any additional comments from the pathologist, including differential diagnoses considered and any ruled out or favored

## Histology

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Morphology     | 522           | 4      | 09/06, 01/10  | Required        |

### Description

Histology identifies the microscopic anatomy of cells.

### Rationale

Histology is a basis for staging and the determination of treatment options. It also affects the prognosis and course of the disease.

### Instructions for Coding

- Review and document relevant information from all pathology reports.
- Cancer and carcinoma are not interchangeable; document what physician states.
- Include all modifying adjectives (i.e., predominantly, with features of, with foci of, elements of).
- Use the Multiple Primary and Histology Coding Rules to determine whether the patient has a single or multiple primaries before recording information.
- Record histology for different primaries in separate abstracts.
- Record positive and negative clinical findings; record positive results first
- Approved abbreviations should be used (listed in Appendix B)

## Behavior

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 523           | 1      | 01/04, 01/10  | Required        |

## Description

Records the behavior of the tumor being reported. The fifth digit of the morphology code is the behavior code.

## Rationale

The behavior code is used by pathologists to describe whether the tissue samples are benign (0), borderline (1), in-situ (2), or invasive (3).

## Instructions for Coding

- Record information on reportable tumors with descriptions of behavior including benign, borderline, in-situ, or malignant.
- If any invasion is present, no matter how limited, the cancer is considered malignant.
- If the specimen is from a metastatic site, record the histology of the metastatic site and behavior is malignant.
- Approved abbreviations should be used (listed in Appendix B).

| Type                             | Definition   |
|----------------------------------|--|
| Benign                           | Benign   |
| Borderline                       | Uncertain whether benign or malignant                            |
|                                  | Borderline malignancy  |
|                                  | Low malignant potential  |
|                                  | Uncertain malignant potential                                    |
| In-situ and/or carcinoma in-situ | Adenocarcinoma in an adenomatous polyp with no invasion of stalk |
|                                  | Clark level 1 for melanoma (limited to epithelium)               |
|                                  | Comedocarcinoma, noninfiltrating (C50.-)                         |
| Synonymous with in-situ          | Confined to epithelium   |
|                                  | Hutchinson melanotic freckle, NOS (C44.-)                        |
|                                  | Intracystic, non-infiltrating                                    |
|                                  | Intraductal  |
|                                  | Intraepidermal, NOS  |
|                                  | Intraepithelial, NOS   |
|                                  | Involvement up to, but not including the basement membrane       |
|                                  | Lentigo maligna (C44.-)  |
|                                  | Lobular neoplasia (C50.-)  |
|                                  | Lobular, non-infiltrating (C50.-)                                |
|                                  | Non-infiltrating   |
|                                  | Noninvasive  |
|                                  | No stromal involvement   |
|                                  | Papillary, non-infiltrating or intraductal                       |
|                                  | Precancerous melanosis (C44.-)                                   |
|                                  | Queyrat erythroplasia (C60.-)                                    |
| Invasive                         | Invasive or microinvasive  |

## Grade

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
|                | 440           | 1      | 09/04, 01/09, 01/10 | Required        |

### Description

Grade describes the tumor's resemblance to normal tissue. Well differentiated (Grade I) is the most like normal tissue, and undifferentiated (Grade IV) is the least like normal tissue. Grades 5-8 define particular cell lines for lymphomas and leukemias.

### Rationale

This data item is useful for prognosis.

### Instructions for Coding

- Record grade from all pathology reports.
- If the grade is not stated in the final pathologic diagnosis, use the information from the microscopic description or comments.
- When there is no tissue diagnosis, it may be possible to establish grade through magnetic resonance imaging (MRI) or positron emission tomography (PET). When available, record grade based on findings from these reports.
- For sites other than breast, prostate, and kidney, code the tumor grade using the following priority order: 1) terminology; 2) histologic grade; 3) nuclear grade.
- For **breast** cancers, code the tumor grade using the following priority order: 1) Bloom-Richardson (Nottingham) Scores; 2) Bloom-Richardson Grade; 3) Nuclear Grade; 4) Terminology; and 5) Histologic Grade.
- For **kidney** cancers, code the tumor grade using the following priority rules: 1) Fuhrman Grade; 2) Nuclear Grade; 3) Terminology (well differentiated, moderately differentiated); and 4) Histologic Grade. These prioritization rules do not apply to Wilm's tumor (M-8960).
- For **prostate** cancers, code the tumor grade according to the following priority order: 1) Gleason Score (this is the sum of the patterns, e.g., if the pattern is 2+4 the score is 6); 2) Terminology; 3) Histologic Grade; and 4) Nuclear Grade (obsolete).

| Code                               | Grade/Cell                         | Label  |
|------------------------------------|------------------------------------|--|
| 1                                  | Grade I, 1, i                      | Well differentiated; differentiated, NOS   |
| 2                                  | Grade II, 2, ii<br>I/III or 1/3    | Moderately differentiated; moderately well differentiated; intermediate differentiation                                  |
| 3                                  | Grade III, 3, iii<br>II/III or 2/3 | Poorly differentiated; dedifferentiated  |
| 4                                  | Grade IV, 4, iv<br>III/III or 3/3  | Undifferentiated; Anaplastic   |
| <b>For Lymphomas and Leukemias</b> |                                    |  |
| 5                                  |                                    | T cell; T-precursor  |
| 6                                  |                                    | B cell; pre-B; B-precursor   |
| 7                                  |                                    | Null cell; non T-non B   |
| 8                                  |                                    | NK (natural killer) cell (effective with diagnosis 1/1/95 and after)   |
| <b>For Use in All Histologies</b>  |                                    |  |
| 9                                  |                                    | Cell type not determined, not stated or not applicable; unknown primaries; high grade dysplasia (adenocarcinoma in-situ) |



The instructions for coding grade and differentiation are found in the “Morphology” section of the ICD-O-3 “Coding Guidelines for Topography and Morphology” (ICD-O-3 pages 30-34).

For sites other than breast, prostate, and kidney, code the tumor grade using the following priority order: 1) terminology; 2) histologic grade; 3) nuclear grade.

The grade of a tumor, including brain, can be established through magnetic resonance imaging (MRI) or positron emission tomography (PET) when there is no tissue diagnosis.

For primary tumors of the brain and spinal cord (C71.0 – C72.9) do not record the WHO grade as the tumor *Grade/Differentiation*; record the WHO grade in the data item *CS Site-Specific Factor 1*. Grade astrocytomas (M-9383, 9484, 9400, 9401, 9410-9412, 9420, 9421) according to ICD-O-3 rules: I (well differentiated), Code 1; II (intermediate differentiation), Code 2; III (poorly differentiated), Code 3; IV (anaplastic), Code 4. Do not automatically code glioblastoma multiforme as Grade IV if no grade is given, code 9 (unknown).

Some primary sites are routinely assigned a grade other than *Grade/Differentiation* that is defined by the ICD-O-3. For the *Grade/Differentiation* item, it is necessary to convert from these systems to *Grade/Differentiation* as described in the following sections.

### **Coding Two-grade Systems**

Two grade systems apply to colon, rectosigmoid junction, rectum (C18.0-C20.9), and heart (C38.0). Code these sites using a two-grade system; Low Grade (2) or High Grade (4). If the grade is listed as 1/2 or as Low Grade, then code 2. If the grade is listed as 2/2 or as High Grade, then code 4.

| Code | Terminology | Histologic Grade |
|------|-------------|------------------|
| 2    | Low Grade   | 1/2              |
| 4    | High Grade  | 2/2              |

### **Coding Three-grade Systems**

Three grade systems apply to peritoneum (C48.1, C48.2), breast (C50.0-C50.9), endometrium (C54.1), fallopian tube (C57.0), prostate (C61.9), kidney (C64.9), and brain and spinal cord (C71.0-C72.9). For sites other than breast, prostate, and kidney, code the tumor grade using the following priority order: (1) Terminology; (2) Histologic Grade; and (3) Nuclear Grade as shown in the table below.

| Code | Terminology  | Histologic Grade | Nuclear Grade |
|------|--|------------------|---------------|
| 2    | Low grade, well to moderately differentiated                           | I/III or 1/3     | 1/3, 1/2      |
| 3    | Medium grade, moderately undifferentiated, relatively undifferentiated | II/III or 2/3    | 2/3           |
| 4    | High grade, poorly differentiated to undifferentiated                  | III/III or 3/3   | 2/2, 3/3      |

### **Breast (C50.0-C50.9)**

For breast cancers, code the tumor grade using the following priority order: (1) Bloom-Richardson (Nottingham) Scores; (2) Bloom-Richardson Grade; (3) Nuclear Grade; (4) Terminology; and (5) Histologic Grade as shown in the table below.

| Code | Bloom-Richardson (Nottingham) Scores | Bloom-Richardson Grade | Nuclear Grade | Terminology               | Histologic Grade |
|------|--------------------------------------|------------------------|---------------|---------------------------|------------------|
| 1    | 3-5 points                           | Low grade              | 1/3, 1/2      | Well differentiated       | I/III or 1/3     |
| 2    | 6, 7 points                          | Intermediate grade     | 2/3           | Moderately differentiated | II/III or 2/3    |
| 3    | 8, 9 points                          | High grade             | 2/2, 3/3      | Poorly differentiated     | III/III or 3/3   |

### Kidney (C64.9)

For kidney cancers, code the tumor grade using the following priority rules: (1) Fuhrman Grade; (2) Nuclear Grade; (3) Terminology (well differentiated, moderately differentiated); and (4) Histologic Grade. These prioritization rules do not apply to Wilm's tumor (M-8960).

### Prostate (C61.9)

For prostate cancers, code the tumor grade using the table below according to the following priority order: (1) Gleason Score (this is the sum of the patterns, e.g., if the pattern is 2+4 the score is 6); (2) Terminology; (3) Histologic Grade; and (4) Nuclear Grade (obsolete).

| Code | Gleason's Score (sum of primary and secondary patterns) | Terminology               | Histologic Grade |
|------|---|---------------------------|------------------|
| 1    | 2, 3, 4   | Well differentiated       | I                |
| 2    | 5, 6  | Moderately differentiated | II               |
| 3    | 7, 8, 9, 10   | Poorly differentiated     | III              |

### Tumor Grade and AJCC Staging

The *AJCC Cancer Staging Manual* may state that specific histologies are to be considered a specific grade. Follow AJCC instructions when assigning stage only. Follow ICD-O-3 rules and rules in this section for assigning a grade to tumors recorded in your abstract. The specialized grades described in the *AJCC Cancer Staging Manual* are recorded directly as Collaborative Staging items.

## Scopes

| Alternate Name          | NAACCR Item # | Length | Revision Date | Required Status |
|-------------------------|---------------|--------|---------------|-----------------|
| Text – DX Proc – Scopes | 2540          | 1,000  | 01/10         | Required        |

### Description

Scopes document endoscopic examinations that provide information for staging and treatment.

### Rationale

Scopes provide verification of diagnosis date, diagnostic confirmation, primary site, laterality, histology, and staging.

### Instructions for Coding

- Approved abbreviations should be used (listed in Appendix B).

### Suggestions for text:

- Date(s) of endoscopic exam(s)
- Primary site
- Histology (if given)
- Tumor location
- Tumor size
- Lymph nodes
- Record positive and negative clinical findings; record positive results first

## X-Ray/Scans

| Alternate Name              | NAACCR Item # | Length | Revision Date | Required Status |
|-----------------------------|---------------|--------|---------------|-----------------|
| Text – DX Proc – X-ray/Scan | 2530          | 1,000  | 01/10         | Required        |

### Description

X-rays or scans describe all X-rays, scans, and/or other imaging examinations that provide information about staging.

### Rationale

X-rays and scans provide verification of diagnosis date, diagnostic confirmation, primary site, laterality, histology, and staging.

### Instructions for Coding

- Approved abbreviations should be used (listed in Appendix B).

### Suggestions for text:

- Date(s) of X-ray/Scan(s)
- Age, sex, race/ethnicity (when given)
- Primary Site
- Histology (if given)
- Tumor location
- Tumor size
- Lymph nodes
- Record positive and negative clinical findings; record positive results first
- Distant disease or metastasis

## Lab Tests

| Alternate Name             | NAACCR Item # | Length | Revision Date | Required Status |
|----------------------------|---------------|--------|---------------|-----------------|
| Text – DX Proc – Lab Tests | 2550          | 1,000  | 01/10         | Required        |

### Description

Lab tests describe information from laboratory examinations other than cytology or histopathology.

### Rationale

Lab tests provide verification of diagnosis date, diagnostic confirmation, primary site, grade, laterality, histology, and staging.

### Instructions for Coding

- Approved abbreviations should be used (listed in Appendix B).

### Suggestions for text:

- Type of laboratory test/tissue specimen(s)
- Record positive and negative clinical findings; record positive results first
- Information can include tumor markers, serum and urine electrophoresis, special studies, etc
- Date(s) of laboratory test(s)
- Tumor markers included, but are not limited to:
  - Breast Cancer: Estrogen Receptor Assay (ERA), Progesterone Receptor Assay (PRA), Her2/neu
  - Prostate Cancer: Prostatic Specific Antigen (PSA)
  - Testicular Cancer: Human Chorionic Gonadotropin (hCG), Alpha Fetoprotein (AFP), Lactate Dehydrogenase (LDH)

## Surgical Margins

| Alternate Name             | NAACCR Item # | Length | Revision Date | Required Status |
|----------------------------|---------------|--------|---------------|-----------------|
| RX Summ – Surgical Margins | 1320          | 1      | 01/10         | Recommended     |

### Description

Surgical Margin records the final status of the surgical margins after resection of the primary tumor.

### Rationale

This data item serves as a quality measure for pathology reports and is used for staging, and may be a prognostic factor in recurrence.

### Instructions for Coding

- Record the margin status as it appears in the pathology report.
- Approved abbreviations should be used (listed in Appendix B).

| Example                    | Definition  |
|----------------------------|---|
| No residual tumor          | All margins are grossly and microscopically negative.   |
| Residual tumor, NOS        | Involvement is indicated, but not otherwise specified.  |
| Microscopic residual tumor | Cannot be seen by the naked eye.  |
| Macroscopic residual tumor | Gross tumor of the primary site which is visible to the naked eye.  |
| Margins not evaluable      | Cannot be assessed (indeterminate).   |
| No primary site surgery    | No surgical procedure of the primary site. Diagnosed at autopsy.  |
| Unknown or not applicable  | If is unknown whether a surgical procedure to the primary site was performed; death certificate-only; for lymphomas with a lymph node primary site; an unknown or ill-defined primary; or for Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease. |

## Collaborative Staging

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
|                | 2800          | 3      | 09/06, 01/09, 01/10 | Required        |

### Description

Collaborative Staging was designed for registrar use. It relieves registrars from the necessity of staging a single case according to more than one staging system. It avoids the problems that can occur when it is necessary to consider multiple pieces of information simultaneously to assign a single code. For Collaborative Staging, registrars code discrete pieces of information once and the CS computer algorithm derives the values for AJCC T, N, M, and Stage Group, Summary Stage 1977, and Summary Stage 2000. The derived stage codes are ideally suited for data analysis because of the consistency that can be obtained with objectively-recorded, identically-processed data items.

### Rationale

CS coding was designed to make use of the most complete information possible to yield the “best stage” information for the tumor at the time of diagnosis— “use all information gathered through completion of surgery(ies) in first course of treatment or all information available within four months of the date of diagnosis in the absence of disease progression, whichever is *longer*.” Disease progression is defined as further direct extension or distant metastasis known to have developed after the diagnosis was established. Information about tumor extension, lymph node involvement, or distant metastasis obtained after disease progression is documented should be excluded from the CS coding.

### Instructions for Recording

- Code the tumor size in the *Size of Tumor* item.
- Code how far the tumor has spread directly in the *Extension* item.
- Code the number of positive regional lymph nodes from the pathology report in the *No. of Positive Regional Nodes* item.
- Code the number of regional lymph nodes examined by the pathologist in the *No. of Regional Lymph Nodes Examined* item.
- Code the farthest distant metastasis (including distant lymph nodes) in the *Sites of Distant Metastases* item.

### How Collaborative Staging Works

Collaborative Staging was designed for registrar use. It relieves registrars from the necessity of staging a single case according to more than one staging system. It avoids the problems that can occur when it is necessary to consider multiple pieces of information simultaneously to assign a single code. For Collaborative Staging, registrars code discrete pieces of information once and the CS computer algorithm derives the values for AJCC 6<sup>th</sup> and 7<sup>th</sup> editions of the **AJCC Cancer Staging Manual** T, N, M, and Stage Group, Summary Stage 1977, and Summary Stage 2000. The derived stage codes are ideally suited for data analysis because of the consistency that can be obtained with objectively-recorded, identically-processed data items.

The timing rule for CS coding was designed to make use of the most complete information possible to yield the “best stage” information for the tumor at the time of diagnosis— “use all information gathered through completion of surgery(ies) in first course of treatment or all information available within four months of the date of diagnosis in the absence of disease progression, whichever is *longer*.” Disease progression is defined as further direct extension or distant metastasis known to have developed after the diagnosis was established. Information about tumor extension, lymph node involvement, or distant metastasis obtained after disease progression is documented should be excluded from the CS coding.

The following CS data items are coded by the registrar. Items with an asterisk (\*) have site-specific variations for some codes.

- |                                 |  |
|---------------------------------|--|
| • CS Tumor Size*                | • CS Mets at DX *                                |
| • CS Extension*                 | • CS Mets at DX – Bone                           |
| • CS Tumor Size/Ext Eval        | • CS Mets at DX – Brain                          |
| • CS Lymph Nodes*               | • CS Mets at DX – Liver                          |
| • CS Reg Lymph Nodes Eval       | • CS Mets at DX – Lung                           |
| • Regional Lymph Nodes Examined | • CS Mets Eval                                   |
| • Regional Lymph Nodes Positive | • CS Site-Specific Factors 1-25, for some sites* |

The CS algorithm produces the output items listed below. The derived AJCC items are separate from the physician-coded items; and the derived Summary Stage items are separate from the manually-coded items collected by the CoC in the past. The derived items must never be manually altered.

- *Derived AJCC-6 and AJCC-7 T*
- *Derived AJCC-6 and AJCC-7 T Descriptor*
- *Derived AJCC-6 and AJCC-7 N*
- *Derived AJCC-6 and AJCC-7 N Descriptor*
- *Derived AJCC-6 and AJCC-7 M*
- *Derived AJCC-6 and AJCC-7 M Descriptor*
- *Derived AJCC-6 and AJCC-7 Stage Group*
- *Derived SS1977*
- *Derived SS2000*

All derived items are assigned a “storage value”, which is stored in the computer and used for data transmission and analysis, and an associated “display value” which is displayed on the computer screen or in printed reports. The display values (for example, “N3c”) were designed to be familiar and readily interpretable to registrars and physicians.

Like the AJCC and Summary Stage codes that are derived from it, CS is a site-specific staging system. The CS algorithm uses tumor site and histology to determine which CS schema to apply. Collaborative Staging codes are defined for every site and histology combination. The *AJCC Cancer Staging Manual* does not cover all sites, and some histologies are excluded from sites with an AJCC coding scheme. When the CS algorithm processes a site-histology combination that does not have an applicable AJCC code, it assigns the display string “NA” for “Not applicable.” A blank display string for a derived item means the CS algorithm was not run for the case.

## Coding CS Items

The complete instructions and site-histology defined codes are available in the current version of **Collaborative Stage Data Collection System**.

See the definitions for the Site Specific Factors in this manual for the requirements for staging for cases diagnosed in 2010. This list is likely to change in future years.

## Using CS Derived Values

Some differences in the ways that the CS algorithm operates and how the AJCC stage assignment rules are made can result in differences between the derived values for some patients and the direct-coded stages. The differences of most interest to registrars are those that might explain discrepancies between the derived AJCC T, N, M and Stage Group values and the values recorded for the same cases by physicians.

As a “best stage” system, CS makes use of the most complete information available to stage the tumor. The *AJCC Cancer Staging Manual* distinguishes between clinical staging, based on information available prior to primary treatment, and pathologic staging, based on information gathered as a product of the treatment process (particularly surgery). It also has specific rules governing how the components gathered at different times in the process may be combined. The CS algorithm derives a clinical (c) or pathologic (p) descriptor for each of the T, N and M stage components based on the source of information used to validate the most extensive spread of the tumor, and uses the components to derive a stage group without reference to the value of the descriptors. Some derived stage groups may involve combinations that are neither clinical nor pathologic according to AJCC rules, so a case that is unstageable for a physician applying AJCC rules may be assigned a Derived AJCC Stage Group value by the CS algorithm. Other cases may involve combinations that do not match either the physician-assigned clinical stage or the pathologic stage.



## Tumor Size

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
|                | 2800          | 3      | 09/06, 01/09, 01/10 | Required        |

### Description

Records the largest dimension or diameter of the **primary tumor** in millimeters.

### Rationale

Tumor size at diagnosis is an independent prognostic indicator for many tumors and it is used by Collaborative Staging to derive some TNM-T codes.

### Instructions for Coding

- Record tumor size information in the following order:
  - Record tumor size from the pathology report, if it is available, when the patient receives no radiation or systemic treatment prior to surgery.
  - If the patient receives preoperative (neoadjuvant) systemic therapy (chemotherapy, hormone therapy, immunotherapy) or radiation therapy, code the largest size of tumor whether prior to or following treatment.
  - Information on size from imaging/radiographic techniques can be used to code size when there is no more specific size information from a pathology or operative report.
  - If there is a difference in reported tumor size among imaging and radiographic techniques, record the largest size of tumor reported in the record.
- Record the exact size of the primary tumor for all sites/histologies except those for which it is stated to be not applicable. Code 999 if no size is given.
  - Always code the size of the primary tumor, not the size of the polyp, ulcer, cyst, or distant metastasis. However, if the tumor is described as a "cystic mass", and only the size of the entire mass is given, code the size of the entire mass, since the cysts are part of the tumor itself.
  - Record the largest dimension or diameter of tumor, whether it is from an excisional biopsy specimen or the complete resection of the primary tumor.
  - Record the size of the invasive component, if given.
  - If both an in-situ and an invasive component are present, and the invasive component is measured, record the size of the invasive component even if it is smaller.
  - Additional rule for breast primaries:** If the size of the invasive component is **not** given, record the size of the entire tumor from the surgical report, pathology report, radiology report, or clinical examination.
  - For purely in-situ lesions, code the size as stated.
  - Microscopic residual tumor does not affect overall tumor size.
  - Do **not** add pieces or chips together to create a whole. However, if the pathologist states an aggregate or composite size (determined by fitting the tumor pieces together and measuring the total size), record that size.
  - Record tumor size 999 for an incisional needle biopsy. On rare occasions, an incisional needle biopsy may remove an entire tumor. In this event, the tumor size may be recorded.
  - Record tumor size (lateral dimension) for malignant melanoma. Depth of invasion is coded in a site-specific factor.

- Special codes
  - Tumor dimension is to be recorded for all schemas, except as noted below.
  - The descriptions in code 998 take precedence over any mention of size. Code 998 is used only for the following sites:
    - Esophagus (C15.0-C15.5, C15.8-C15.9): Entire circumference
    - Stomach (C16.0-C16.6, C16.8-C16.9): Diffuse, widespread – ¾ or more, linitis plastica
    - Colorectal (M-8220/8221 with /2 or /3): Familial/multiple polyposis
    - Lung and main stem bronchus (C34.0-C34.3, C34.8-C34.9): Diffuse, entire lobe of lung
    - Breast (C50.0-C50.6, C50.8-C50.9): Inflammatory carcinoma; Diffuse, widespread – ¾ or more of breast.
  - Code 990 should be used when no gross tumor is seen and tumor is only identified microscopically. **Note:** The terms microscopic focus, microfocus, and microinvasion are **not** the same as [macroscopic] focal or focus. A macroscopic focus of foci indicates a very small or isolated area, pinpoint, or spot of tumor that may be visible grossly. Only tumor identified microscopically should be coded 990.
  - Codes 991 through 995 are non-specific size descriptions that, for some sites, are used to determine a T category. If a specific size is given, code the more precise size in the range 001-989.
  - See the individual site/histology schemas for further information and definitions.

**Note:** For the following diagnoses and/or primary sites, size is not applicable. Record as code 888.

- Hematopoietic, Reticuloendothelial, Immunoproliferative and Myeloproliferative Neoplasms  
(M-9731-9734, 9740-9742, 9750-9758, 9760-9762, 9764-9769, 9800-9801, 9805, 9820, 9823, 9826-9827, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870-9876, 9891, 9895-9897, 9910, 9920, 9930-9931, 9940, 9945-9946, 9948, 9950, 9960-9964, 9965-9992)
- Hodgkin and non-Hodgkin Lymphoma  
(M-959\_972 Except 9700/3 and 9701/3)
- Unknown and Ill-Defined Primary Sites  
(C42.0-C42.4, C76.0-C76.5, C76.7-C76.8, C77.0-C77.5, C77.8-C77.9, C80.9; **Note:** For C42.\_ and C77.\_, other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms as listed above, Hodgkin and non-Hodgkin Lymphomas as listed above, and Kaposi sarcoma 9140/3)

| Code    | Definition   |
|---------|--|
| 000     | Indicates no mass or no tumor found; for example, when a tumor of a stated primary site is not found, but the tumor has metastasized |
| 001-988 | Exact size in millimeters  |
| 989     | 989 millimeters or larger  |
| 990     | Microscopic focus of foci only; no size of focus is given  |
| 991     | Described as less than 1 cm  |
| 992     | Described as less than 2 cm; greater than 1 cm; or, between 1 cm and 2 cm  |
| 993     | Described as less than 3 cm; greater than 2 cm; or, between 2 cm and 3 cm  |
| 994     | Described as less than 4 cm; greater than 3 cm; or, between 3 cm and 4 cm  |
| 995     | Described as less than 5 cm; greater than 4 cm; or, between 4 cm and 5 cm  |
|         | <b>SITE/HISTOLOGY-SPECIFIC CODES</b>   |
| 999     | Unknown; size not stated; not stated in patient record   |

**Examples:**

| Code | Reason  |
|------|---|
| 001  | Prostate needle biopsy shows 0.6 mm carcinoma ( <i>round up six-tenths of mm</i> ).   |
| 008  | Thyroidectomy specimen yields 8 mm carcinoma.   |
| 014  | Tumor is mixed in-situ and invasive adenocarcinoma, total 3.7 cm in size, of which 1.4 cm is invasive.  |
| 019  | Duct carcinoma in-situ covering a 1.9 cm area with focal areas of invasive ductal carcinoma.  |
| 022  | Patient has a 2.2 cm mass in the oropharynx; fine needle aspiration of mass confirms squamous cell carcinoma. Patient receives courses of neoadjuvant combination chemotherapy. Pathologic size of tumor after total resection is 0.8 cm. |
| 023  | Infiltrating duct carcinoma with extensive in-situ component; total size 2.3 cm.  |
| 028  | Chest x-ray shows 3.5 cm mass; the pathology report from the surgery states that the same mass is malignant and measures 2.8 cm.  |
| 033  | A 3.3 cm tumor is 33 millimeters.   |
| 040  | CT of chest shows 4 cm mass in RUL.   |
| 051  | Tumor is described as 2.4 x 5.1 x 1.8 cm in size.   |
| 990  | Cervix conization: severe dysplasia with focal areas of microinvasion. Code tumor size as microscopic focus, no size given.   |
| 999  | Ovary specimen: extensive cystic disease with focal areas of tumor seeding. Disregard "focal" and code tumor size to unknown.   |

## Describe Size

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

Describe Size documents information about the size of tumor.

### Rationale

Tumor size at diagnosis is an independent prognostic indicator for many tumors and it is used by Collaborative Staging to derive some TNM-T codes.

### Instructions for Coding

- Approved abbreviations should be used (listed in Appendix B).
- If information is missing from the record, state that it is missing.

### Suggestions for text:

- Size of tumor with measurements and description of what report the information was located

## Extension

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
|                | 2810          | 3      | 09/06, 01/09, 01/10 | Required        |

### Description

Extension identifies contiguous growth (extension) of the primary tumor within the organ of origin or its direct extension into neighboring organs. For certain sites such as ovary, discontinuous metastasis is coded in *CS Extension*.

### Rationale

Tumor extension at diagnosis is a prognostic indicator used by Collaborative Staging to derive some TNM-T codes and some SEER Summary Stage codes.

### Instructions for Coding

- Code the farthest documented extension of the primary tumor. Do not include discontinuous metastases to distant sites which are coded in *CS Mets at Dx* except for ovary and corpus uteri.
- Record extension in the following order:
  - Record extension from the pathology report, if it is available, when the patient receives no radiation or systemic treatment prior to surgery.
  - If the patient receives preoperative (neoadjuvant) systemic therapy (chemotherapy, hormone therapy, immunotherapy) or radiation therapy, code the farthest extension, whether it was identified clinically prior to treatment or pathologically following treatment.
  - Information on extent of disease from imaging/radiographic techniques can be used to code extension when there is no more specific extension information from a pathology or operative report.
  - If an involved organ or tissue is not mentioned in the schema, approximate the location and code by comparing it with listed organs or tissues in the same anatomic area.
  - With the exception of corpus uteri and ovary, all codes represent continuous (direct) extension of tumor from the site of origin to the organ/structure/tissue represented in the code.
- Refer to the Ambiguous Terminology for terms that constitute tumor involvement or extension.
- If the information in the medical record is ambiguous or incomplete regarding the extent to which the tumor has spread, the extent of disease may be inferred from the T category stated by the physician.
- If the only indication of extension in the record is the physician's statement of a T category from the TNM staging system or a stage from a site-specific staging system, such as Dukes' C, record the numerically lowest equivalent extension code for that T category.
- Some site or histology schemas include designations such as T1, NOS; T2, NOS; Localized, NOS; and other non-specific categories. The NOS is added when there is further breakdown of the category into subsets (such as T1a, T1b, T1c), but the correct subset cannot be determined. The NOS designation, which can appear in both the descriptions of codes and the mapping, is not official AJCC descriptive terminology. The NOS should be disregarded in reports and analyses when it is not a useful distinction. The data collector should only code to a category such as "Stated as T1 NOS" when the appropriate subset (e.g., T1a or T1b) cannot be determined.
- Distant metastases must be coded in *CS Mets at Dx*.
- Do not code *CS Extension* as in-situ if there is any evidence of nodal or metastatic involvement; use the code for 'Localized, NOS' if there is no better information.
- The presence of microscopic residual disease or positive tumor margins does not increase the extension code.

## Regional Lymph Nodes Positive

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
|                | 820           | 2      | 01/04, 09/06, 01/10 | Required        |

### Description

Number of Positive Regional Lymph Nodes records the exact number of regional lymph nodes examined by the pathologist and found to contain metastases.

### Rationale

This data item is necessary for pathologic staging, and it serves as a quality measure for pathology reports and the extent of the surgical evaluation and treatment of the patient.

### Instructions for Recording

- Only record information about regional lymph nodes in this data item. Involved distant lymph nodes should be coded in *Sites of Distant Metastases*.
- This item is based on pathology information only. If no lymph nodes were removed for examination, or if a lymph node drainage area was removed, but no lymph nodes were found, code 98.
- Record the total number of regional lymph nodes removed and found to be positive by pathologic examination.
  - The number of regional lymph nodes positive is cumulative from all procedures that removed lymph nodes through the completion of surgeries in the first course of treatment.
  - This item is to be recorded regardless of whether the patient received preoperative treatment.
- Any combination of positive aspirated, biopsied, sampled, or dissected lymph nodes is coded 97 if the number of involved nodes cannot be determined on the basis of cytology or histology.
- Code 99 for the following primary sites and histologies:
  - Placenta (C58.9)
  - Brain and cerebral meninges (C70.0, C71.0-C71.9)
  - Other Parts of Central Nervous System (C70.1, C70.9, C72.0-C72.5, C72.8-C72.9)
  - Hodgkin and non-Hodgkin Lymphomas (M-959-972 except 9700/3 and 9701/3)
  - Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms (M-9731-9734, 9740-9742, 9750-9758, 9760-9762, 9764-9769, 9800-9801, 9805, 9820, 9823, 9826-9827, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870-9876, 9891, 9895-9897, 9910, 9920, 9930-9931, 9940, 9945-9946, 9948, 9950, 9960-9964, 9965-9992)
  - Unknown and Ill-Defined Primary Sites (C42.0-C42.4, C76.0-C76.5, C76.7-C76.8, C77.0-C77.5, C77.8-C77.9, C80.9; Note: for C42.\_ and C77.\_, other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms as listed above, Hodgkin and non-Hodgkin Lymphomas as listed above, and Kaposi sarcoma 9140/3)

| Code  | Description   |
|-------|---|
| 00    | All nodes examined are negative.  |
| 01-89 | 1-89 nodes are positive. (Code exact number of positive nodes).                         |
| 90    | 90 or more nodes are positive.  |
| 95    | Positive aspiration or core biopsy of lymph node(s) was performed.                      |
| 97    | Positive nodes are documented, but the number is unspecified.                           |
| 98    | No nodes were examined.   |
| 99    | It is unknown whether nodes are positive; not applicable; not stated in patient record. |

## Regional Lymph Nodes Examined

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
|                | 830           | 2      | 01/04, 09/06, 01/10 | Required        |

### Description

Number of Regional Lymph Nodes Examined records the total number of regional lymph nodes that were removed and examined by the pathologist.

### Rationale

This data item is a quality measure of the pathologic and surgical evaluation and treatment of the patient.

### Instructions for Recording

- Only record information about regional lymph nodes in this data item. Involved distant lymph nodes should be coded in *Sites of Distant Metastases*.
- This item is based on pathology information only. If no lymph nodes were removed for examination, or if a lymph node drainage area was removed, but no lymph nodes were found, code 00.
- Record the total number of regional lymph nodes removed and examined by the pathologist.
  - The number of regional lymph nodes examined is cumulative from all procedures that removed lymph nodes through the completion of surgeries in the first course of treatment.
  - Code 98 if the lymph nodes are aspirated and other lymph nodes are removed.
  - This item is to be recorded regardless of whether the patient received preoperative treatment.
- If a lymph node biopsy was performed, code the number of nodes removed, if known. If the number of nodes removed by biopsy is not known, code 96.
- Code 99 for the following primary sites and histologies:
  - Placenta (C58.9)
  - Brain and cerebral meninges (C70.0, C71.0-C71.9)
  - Other Parts of Central Nervous System (C70.1, C70.9, C72.0-C72.5, C72.8-C72.9)
  - Hodgkin and non-Hodgkin Lymphomas (M-959-972 except 9700/3 and 9701/3)
  - Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms (M-9731-9734, 9740-9742, 9750-9758, 9760-9762, 9764-9769, 9800-9801, 9805, 9820, 9823, 9826-9827, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870-9876, 9891, 9895-9897, 9910, 9920, 9930-9931, 9940, 9945-9946, 9948, 9950, 9960-9964, 9965-9992)
  - Unknown and Ill-Defined Primary Sites (C42.0-C42.4, C76.0-C76.5, C76.7-C76.8, C77.0-C77.5, C77.8-C77.9, C80.9; Note: for C42.\_ and C77.\_, other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms as listed above, Hodgkin and non-Hodgkin Lymphomas as listed above, and Kaposi sarcoma 9140/3)

| Code  | Description   |
|-------|---|
| 00    | No nodes were examined.   |
| 01-89 | 1-89 nodes were examined. (Code the exact number of regional lymph nodes examined).   |
| 90    | 90 or more nodes were examined.   |
| 95    | No regional nodes were removed, but aspiration or core biopsy of regional nodes was performed.  |
| 96    | Regional lymph node removal was documented as a sampling, and the number of nodes is unknown/not stated.  |
| 97    | Regional lymph node removal was documented as a dissection, and the number of nodes is unknown/not stated.  |
| 98    | Regional lymph nodes were surgically removed, but the number of lymph nodes is unknown/not stated and not documented as a sampling or dissection; nodes were examined, but the number is unknown. |
| 99    | It is unknown whether nodes were examined; not applicable or negative; not stated in patient record.  |

## Sites of Distant Metastases

| Alternate Name | NAACCR Item # | Length | Revision Date       | Required Status |
|----------------|---------------|--------|---------------------|-----------------|
|                | 2850          | 2      | 09/06, 01/09, 01/10 | Required        |

### Description

Sites of Distant Metastases records site(s) of distant metastasis at initial diagnosis.

### Rationale

This data item is used to document sites of distant metastasis and verify or confirm stage at diagnosis. The presence of metastatic disease at diagnosis is an independent prognostic indicator, and it is used by Collaborative Staging to derive TNM-M codes and SEER Summary Stage codes.

### Instructions for Recording

- Code only the site(s) of distant metastasis identified during initial diagnosis and workup. Do not update this field over the course of the patient's disease.
- Use the AJCC Manual for Staging of Cancer or the SEER Summary Staging Guide to determine if sites are distant.
- Do not code any sites of regional or local metastasis.
- If there are more than three sites of distant metastasis, code three of the sites.
- Record a 0 if there are no distant metastases.
- Record a 9 if carcinomatosis is present, for disseminated disease, leukemias, and if the site is unknown.
- Do not code specific metastatic sites for unknown primaries (C80.9).

| Examples   |
|--|
| None   |
| Peritoneum, includes positive ascitic fluid                              |
| Lung, including the visceral pleura                                      |
| Pleura, includes positive pleural fluid                                  |
| Liver  |
| Bone   |
| Central Nervous System, includes brain and spinal cord                   |
| Skin   |
| Lymph nodes (distant only)   |
| Other, generalized, carcinomatosis, disseminated, not specified, unknown |



## Substantiate Stage

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

Substantiate Stage documents information about staging decisions.

### Rationale

Documentation about staging decisions is heavily utilized for quality control and special studies. Text is needed to justify coded values and document supplemental information not generally included in coded values.

### Instructions for Recording

#### Suggestions for text:

- Clinical procedures that provided information for assigning stage
- Organs involved by direct extension
- Status of margins
- Physician's comments

## SEER Summary Staging

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 759           | 1      | 09/04, 01/09  | Required        |

### Description

Provides a site-specific description of the extent of disease at diagnosis.

### Rationale

SEER Summary Stage 2000 is used by the CoC to describe disease spread at diagnosis for cancers with no AJCC TNM staging schema. It is a prognostic factor used in the analysis of patient care and outcomes.

### Instructions for Recording

- Record the SEER Summary Stage code for all cases that do not have a defined AJCC staging schema.
- Refer to the SEER Summary Staging Manual 2000 for site-specific coding instructions. This information can be found on the Internet at <http://www.seer.cancer.gov/tools/ssm/>.

| Stage                             | Definition  |
|-----------------------------------|---|
| In-situ                           | Not progressed through the basement membrane of the organ involved (non-invasive).  |
| Localized                         | A localized cancer is limited to the site of origin. There may be progression through the basement membrane but not beyond the walls of the organ involved. There is no evidence of metastasis elsewhere in the body. |
| Regional by direct extension (DE) | A regional cancer extends beyond the limits of the organ of origin into surrounding organs or tissues by direct extension.  |
| Regional to lymph nodes (LN)      | A regional cancer extends beyond the limits of the organ of origin into regional lymph nodes by metastasis.   |
| Regional by DE and LN             | A regional cancer extends beyond the limits of the organ of origin into surrounding organs or tissues by direct extension and regional lymph nodes.   |
| Regional, NOS                     | Stage is regional, but is not otherwise specified.  |
| Distant/systemic disease          | A distant cancer has direct extension beyond adjacent organs or tissues or metastases to distant site(s) or distant lymph node(s).  |
| Unknown                           | Unstaged, unknown, or unspecified; death certificate only.  |

## AJCC Staging

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

AJCC TNM Stage is based on the clinical, operative, and pathologic assessment of the anatomic extent of disease and is used to make appropriate treatment decisions, determine prognosis, and measure end results. The following general rules apply to AJCC staging of all sites.

### Rationale

The AJCC developed this staging system for evaluating trends in the treatment and control of cancer. This staging system is used by physicians to estimate prognosis, plan treatment, evaluate new types of therapy, analyze outcomes, design follow-up strategies, and to assess early detection results.

### Instructions for Recording

- All cases should use the following time guidelines for evaluating stage: through first course of surgery or four months, whichever is longer.
- Refer to the current *AJCC Cancer Staging Manual* for coding rules.
- All cases should be confirmed microscopically for TNM classification (including clinical information). Rare cases that do not have biopsy or cytology of the tumor can be staged but should be analyzed separately and should not be included in survival analysis.
- Code the T, N, and M elements (clinical and pathologic) as recorded in the medical record.
- Code the AJCC Stage Group (clinical and pathologic); if no stage group was recorded by the appropriate person or persons, the registrar may enter stage group based on the components recorded.
- If a patient has multiple primaries, stage each primary independently.
- If the stage group cannot be determined from the recorded components, then record it as unknown.
- When a patient with multiple primaries develops metastases, a biopsy may distinguish the source of distant disease. Stage both primaries as having metastatic disease if the physician is unable to conclude which primary has metastasized. If, at a later time, the physician identifies which primary has metastasized, update the stage(s) as appropriate.

### T

T evaluates the primary tumor (T) and reflects the tumor size and/or extension.

### N

N identifies the absence or presence of regional lymph node (N) metastasis and describes the extent of regional lymph node metastasis/

### M

M identifies the presence or absence of distant metastasis (M).

### Stage Group

Stage Group identifies the anatomic extent of disease based on the T, N, and M elements.

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## **Treatment Information**

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## Cumulative Treatment Summary

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

Cumulative Treatment Summary records information describing all treatment procedures performed as part of treatment. This includes experimental treatments (when the mechanism of action for a drug is unknown) and blinded clinical trials. If the mechanism of action for the experimental drug is known, code to the appropriate treatment field.

### Rationale

Treatment data can be used to compare the efficacy of treatment options. Studies can be performed to evaluate effectiveness of treatment.

### Instructions for Recording

- Approved abbreviations should be used (listed in Appendix B)
- If no treatment is given, record the date of the decision not to treat, the date of patient refusal, or the date the patient expired.

The first course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence. "No therapy" is a treatment option that occurs if the patient refuses treatment, the family or guardian refuses treatment, the patient dies before treatment starts, or the physician recommends no treatment be given.

A treatment plan describes the type(s) of therapies intended to modify, control, remove, or destroy proliferating cancer cells. The documentation confirming a treatment plan may be found in several different sources; for example, medical or clinical records, consultation reports, and outpatient records.

- All therapies specified in the physician(s) treatment plan are a part of the first course of treatment if they are actually administered to the patient.
- A discharge plan must be part of the patient's record in a JCAHO-approved program and may contain part or all of the treatment plan.
- An established protocol or accepted management guidelines for the disease can be considered a treatment plan in the absence of other written documentation.
- If there is no treatment plan, established protocol, or management guidelines, and consultation with a physician advisor is not possible, use the principle: "initial treatment must begin within four months of the date of initial diagnosis".

## Biopsy and Surgery

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

Biopsy and surgery provides information for diagnosis and surgical procedures as part of treatment.

### Rationale

Biopsy and surgery provides verification of place of diagnosis, diagnosis date, diagnostic confirmation, primary site, surgical treatment, regional lymph node involvement, sites of distant metastases, reasons for no treatment, margins, and staging. First course surgery items describe the most definitive type of surgical treatment the patient received from any facility, when it was performed, and its efficacy. When no surgical treatment is given, the reason is recorded. Major aspects of surgical care provided by the individual facility are also recorded so that hospital cancer programs can evaluate local patient care.

### Instructions for Recording

- Approved abbreviations should be used (listed in Appendix B)

### Suggestions for text:

- Date of each procedure
- Type(s) of surgical procedure(s), including biopsies, excisional biopsies and surgery to other and distant sites
- Lymph nodes removed
- Regional tissues removed
- Metastatic sites
- Facility where each procedure was performed
- Record positive and negative findings; record positive findings first
- Reason for no treatment

## Radiation

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

Radiation describes information about the treatment of the tumor being treated with radiation therapy.

### Rationale

Radiation provides verification of place of treatment, date radiation started, type of radiation given, diagnosis date, diagnostic confirmation, primary site, and reasons for no treatment. To better reflect the contribution of radiation oncology to the treatment of cancer patients, these items record regional and boost treatment information.

### Instructions for Recording

- Approved abbreviations should be used (listed in Appendix B)

### Suggestions for text:

- Date when radiation treatment began and ended
- Where treatment was given (e.g., at this facility, at another facility, document facility if known)
- Bodily location of the radiation treatment
- Type of radiation (beam, radioactive implants, radioisotopes, radioembolization, combinations of radiation types, or unknown)
- Type(s) of beam radiation (e.g., Orthovoltage, Cobalt 60, Photons, Electrons, IMRT, Neutrons, Stereotactic radiosurgery, gamma knife, brachytherapy, strontium, MV X-rays, Mixed modalities, etc.)
- Number of treatments
- Other treatment information (e.g., patient discontinued after five treatments; unknown if radiation was given)
- Regional Dose cGy and Boost Dose cGy
- Reason for no treatment

## Systemic Therapy

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

Systemic therapy encompasses the treatment modalities captured by the items chemotherapy, hormone therapy, and immunotherapy. The descriptions and relationships among the items have been revised to separate the description of the administration of systemic agents or drugs from medical procedures which affect the hormonal or immunologic balance of the patient.

### Rationale

Systemic therapy provides verification of place of treatment, date systemic therapy started, type of therapy given, diagnosis date, diagnostic confirmation, primary site, and reasons for no treatment.

### Instructions for Recording

- Approved abbreviations should be used (listed in Appendix B)

### Suggestions for text:

- Date systemic therapy (chemotherapy, hormone therapy, or immunotherapy) began and ended
- Where treatment was given (e.g., at this facility, at another facility)
- Type(s) of therapy (e.g., name of agent(s) or protocol)
- Other treatment information (e.g., treatment cycle incomplete, unknown if therapy was given)
- Reason for no treatment

| Clarification of Systemic Therapy Terms |   |
|---|---|
| Term                                    | Definition  |
| Chemotherapy                            | Cancer therapy that achieves its anti-tumor effect through the use of antineoplastic drugs that inhibit the reproduction of cancer cells by interfering with DNA synthesis and mitosis.   |
| Hormone Therapy                         | Cancer therapy that achieves its anti-tumor effect through changes in hormonal balance. This includes the administration of hormones, agents acting via hormonal mechanisms, antihormones, and steroids.  |
| Immunotherapy                           | Cancer therapy that achieves its anti-tumor effect by altering the immune system or changing the host's response to the tumor cells.  |
| Endocrine Therapy                       | Cancer therapy that achieves its anti-tumor effect through the use of radiation or surgical procedures that suppress the naturally occurring hormonal activity of the patient and, therefore, alter or affect the long-term control of the cancer's growth. |
| Hematologic Transplants                 | Bone marrow or stem cell transplants performed to protect patients from myelosuppression or bone marrow ablation associated with the administration of high-dose chemotherapy or radiation therapy.   |

Use SEER\*Rx to look up chemotherapeutic agents. The program is FREE and can be downloaded from <http://www.seer.cancer.gov/seerrx>. SEER\*Rx has replaced the *Self-Instructional Manual for Tumor Registrars: Book 8 – Antineoplastic Drugs*, Third Edition.

Chemotherapy agents are administered in treatment cycles, either singly or in a combination regimen of two or more chemotherapy drugs. If a patient has an adverse reaction, the managing physician may change one of the agents in a combination regimen. If the replacement agent belongs to the same group (chemotherapeutic agents are grouped as alkylating agents, antimetabolites, natural products, or other miscellaneous) as the original agent, there is no change in the regimen. However, if the replacement agent is of a different group than the original agent, the new regimen represents the start of subsequent therapy, *only the original agent or regimen is recorded as first course therapy*.

Systemic agents may be administered by intravenous infusion or given orally. Other methods of administration include the following:

| Method              | Administration  |
|---------------------|---|
| Intrathecal         | Administered directly into the cerebrospinal fluid through a lumbar puncture needle into an implanted access device (Ommaya reservoir). |
| Pleural/pericardial | Injected directly into pleural or pericardial space to control malignant effusions.   |
| Intraperitoneal     | Injected into the peritoneal cavity.  |
| Hepatic artery      | Injected into a catheter inserted into the artery that supplies blood to the liver.   |



## Other Treatment

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

Other therapy describes information about the treatment of the tumor being treated with non-traditional treatments. This treatment can't usually be defined as surgery, radiation, or systemic therapy. This includes experimental treatments (when the mechanism of action for a drug is unknown) and blinded clinical trials.

### Rationale

Other therapy provides verification of place of treatment, date Other therapy started, type of Other therapy given, diagnosis date, diagnostic confirmation, primary site, and reasons for no treatment.

### Instructions for Recording

- Approved abbreviations should be used (listed in Appendix B)

### Suggestions for text:

- Date treatment was started and ended
- Where treatment was given (e.g., at this facility, at another facility)
- Type of other treatment (e.g., blinded clinical trial, hyperthermia, and experimental therapy)
- Other treatment information (e.g., treatment cycle incomplete, unknown if other treatment was given)
- Reason for no treatment

Note that the treatment for reportable hematopoietic diseases can include supportive care, observation, or any treatment that does not meet the usual definition in which treatment "modifies, controls, removes, or destroys proliferating cancer tissue." Supportive care and observation are not recorded in this data item, but for certain hematopoietic diseases that become reportable with publication of the ICD-O-3 (M9731/3–M9764/3, M9920/3–M9989/3) treatments such as phlebotomy, transfusions, and aspirin are defined below and should be coded 1.

- Phlebotomy may be called blood removal, blood letting, or venisection.
- Transfusions may include whole blood, RBCs, platelets, plateletpheresis, fresh frozen plasma (FFP), plasmapheresis, and cryoprecipitate.
- Aspirin (also known as ASA, acetylsalicylic acid, or by a brand name) is used as a treatment for essential thrombocythemia. Record ONLY aspirin therapy to thin the blood for symptomatic control of thrombocythemia. To determine whether aspirin is administered for pain, cardiovascular protection, or thinning of platelets in the blood, use the following general guideline:
  - Pain control is approximately 325–1000 mg every 3–4 hours.
  - Cardiovascular protection starts at about 160 mg/day.
  - Aspirin treatment for essential thrombocythemia is low dose, approximately 70–100 mg/day.

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## **Outcomes**

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**Date of Last Contact or Death**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Date Last Seen | 1750          | 8      | 01/10         | Required        |

**Description**

Records the date of last contact with the patient or the date of death.

**Rationale**

This information is used for patient follow-up and outcome studies.

**Instructions for Coding**

- Record the last date on which the patient was known to be alive or the date of death.
- If a patient has multiple primaries, all records should have the same date of last contact.

## Vital Status

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Patient Status | 1760          | 1      |               | Required        |

### Description

Records the vital status of the patient as the date entered in *Date of Last Contact or Death*.

### Rationale

This information is used for patient follow-up and outcome studies.

### Instructions for Coding

- This item is collected during the follow-up process with *Date of Last Contact or Death*.
- If a patient has multiple primaries, all records should have the same vital status.

| Label |
|-------|
| Dead  |
| Alive |

## Cancer Status

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Tumor Status   | 1770          | 1      | 01/04         | Required        |

### Description

Records the presence or absence of clinical evidence of the patient's malignant or non-malignant tumor as the *Date of Last Contact or Death*.

### Rationale

This information is used for patient follow-up and outcomes studies.

### Instructions for Coding

- Cancer status is based on information from the patient's physician or other official source such as a death certificate.
- The patient's cancer status should be changed **only** if new information is received from the patient's physician or other official source. If information is obtained from the patient, a family member, or other non-physician, then cancer status is not updated.
- Cancer status changes if the patient has a recurrence or relapse.
- If a patient has multiple primaries, each primary could have a different cancer status.

| Label  |
|--|
| No evidence of this tumor  |
| Evidence of this tumor   |
| Unknown, indeterminate whether this tumor is present; not stated in patient record |

## Cause of Death

| Alternate Name            | NAACCR Item # | Length | Revision Date | Required Status |
|---------------------------|---------------|--------|---------------|-----------------|
| Underlying Cause of Death | 1910          | 4      |               | Required        |

### Description

Official cause of death as coded from the death certificate in valid ICD-10 codes. Central Registries obtain the official underlying cause of death from the Office of Vital Statistics.

### Rationale

Cause of death is used for calculation of adjusted survival rates by the life table method. The adjustment corrects for deaths other than from the diagnosed cancer.

### Instructions for Coding

- Record unknown when death occurred and underlying cause of death from the death certificate is unavailable.

**Autopsy**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 1930          | 1      |               | Required        |

**Description**

Code indicating whether or not an autopsy was performed.

**Rationale**

This field indicates if a patient had autopsy at death. Autopsy at death may affect the diagnostic confirmation of the tumor.

**Instructions for Coding**

- Leave blank if patient is alive.

## Describe Place of Death

| Alternate Name                 | NAACCR Item # | Length | Revision Date | Required Status |
|--------------------------------|---------------|--------|---------------|-----------------|
| Text – Describe Place of Death |               | 25     |               | Recommended     |

### Description

Text to manually describe the facility, place, state, or country where the patient died and where the certificate of death is filed.

### Rationale

This field also helps carry out death clearance. When a hospital reports a place of death, the information can help in death certificate matching. It can also signal an out-of-state death for which the death certificate is to be requested.

### Instructions for Coding

- Describe in detail the place where the patient died (e.g., Montana Nursing Home, City, MT)



**Recurrence Date - 1st**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 1860          | 88     | 06/05, 01/10  | Required        |

**Description**

Records the date of the first recurrence.

**Rationale**

This data item is used to measure the efficacy of the first course of treatment.

**Instructions for Coding**

- Record the date the physician diagnoses the first progression, metastasis, or recurrence of disease after a disease-free period.
- Reappearance of a tumor of the same histology in the same primary site during the time period defined by the SEER Multiple Primary and Histology Coding Rules does not constitute a recurrence.

## Recurrence Type - 1st

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 1880          | 2      | 06/05, 01/10  | Required        |

### Description

Identifies the type of first recurrence after a period of documented disease-free intermission or remission.

### Rationale

This item is used to evaluate treatment efficacy and as a long-term prognostic factor.

### Instructions for Coding

- Code the type of first recurrence. First recurrence may occur well after completion of the first course of treatment or after subsequent treatment.
- Reappearance of a tumor of the same histology in the same primary site during the time period defined by the SEER Multiple Primary and Histology Coding Rules does not constitute a recurrence.
- If the patient has never been disease-free, continue to track for disease-free status. This may occur after subsequent treatment has been completed.
- If the patient is disease-free, continue to track until a recurrence occurs. First recurrence may occur well after completion of the first course of treatment.
- Once a recurrence has been recorded, subsequent recurrences are NOT to be recorded.
- Organ or system of distant recurrence apply only if all first occurrences were in a single category. There may be multiple metastases (or "seeding") within the distant location.
- If there is more than one primary tumor and the physician is unable to decide which has recurred, code the recurrent disease for each tumor. If, at a later date, the recurrent primary is identified, revise the codes as appropriate.

| Stage                             | Definition  |
|-----------------------------------|---|
| In-situ                           | Not progressed through the basement membrane of the organ involved (non-invasive).  |
| Localized                         | A localized cancer is limited to the site of origin. There may be progression through the basement membrane but not beyond the walls of the organ involved. There is no evidence of metastasis elsewhere in the body. |
| Regional by direct extension (DE) | A regional cancer extends beyond the limits of the organ of origin into surrounding organs or tissues by direct extension.  |
| Regional to lymph nodes (LN)      | A regional cancer extends beyond the limits of the organ of origin into regional lymph nodes by metastasis.   |
| Regional by DE and LN             | A regional cancer extends beyond the limits of the organ of origin into surrounding organs or tissues by direct extension and regional lymph nodes.   |
| Regional, NOS                     | Stage is regional, but is not otherwise specified.  |
| Distant/systemic disease          | A distant cancer has direct extension beyond adjacent organs or tissues or metastases to distant site(s) or distant lymph node(s).  |
| Unknown                           | Unstaged, unknown, or unspecified; death certificate only.  |

## Describe Recurrence

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Required        |

### Description

Describe Recurrence identifies the site or sites in which the tumor has recurred.

### Rationale

This item is used to evaluate treatment efficacy and as a long-term prognostic factor.

### Instructions for Recording

- Record the bodily site where recurrence has occurred.
- When carcinomatosis is present, distant sites are recorded unknown.

## Comorbidities and Complications

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                |               |        |               | Recommended     |

### Description

Comorbidities and Complications record the patient's preexisting medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes.

### Rationale

Preexisting medical conditions, factors influencing health status, and/or complications may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality of care.

### Instructions for Recording

- Secondary diagnoses must be reported for patients that have inpatient hospitalizations at your facility.
- Secondary diagnoses should be reported for patients receiving outpatient care or treated in oncology clinics at your facility when available.
- Consult the patient record for the discharge abstract. Secondary diagnoses are found on the discharge abstract. Information from the billing department at your facility may be consulted when a discharge abstract is not available.
- Code the secondary diagnoses in the sequence in which they appear on the discharge abstract or are recorded by the billing department at your facility.
- Report the secondary diagnoses for this cancer using the following priority rules:
  - Surgically treated patients:
    - a) following the most definitive surgery of the primary site
    - b) following other non-primary site surgeries
  - Non-surgically treated patients:
    - following the first treatment encounter/episode
  - In cases of non-treatment:
    - following the last diagnostic/evaluative encounter
- **Do not** record any neoplasms (ICD-9-CM codes 140-239.9) listed as secondary diagnoses for this data item.
- **Do not** record causes of injury and poisoning unrelated to the patient's medical care (ICD-9-CM codes E800-E869.9, E880-E929.9, or E950-E999).
- **Do not** record the following factors influencing health status and contact with health services (ICD-9-CM codes V01-V07.1, V07.4-V09.91, V16-V21.9, V23.2-V25.3, V25.5-V43.89, V46-V50.4, or V50.8-V83.89).

Comorbidities are preexisting medical conditions or conditions that were present at the time the patient was diagnosed with this cancer (e.g., chronic conditions such as COPD, diabetes, and hypertension). Comorbid conditions are identified by ICD-9-CM codes 001-139.8 and 240-999.9.

Complications are conditions that occur during the hospital stay, while the patient is being treated for the cancer (e.g., postoperative urinary tract infection or pneumonia). Complications may also occur following the completion of therapy and be a cause for readmission to the hospital. Complications are identified by the ICD-9-CM "E" codes which classify environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects.

- Only "E" codes that describe adverse effects occurring during medical care are collected in this data item. They are represented by ICD-9-CM codes E870-E879.9 (misadventures to patients during surgical and medical care) and E930-E949.9 (drugs and medicinal and biologic substances causing adverse effects in therapeutic use).

Factors influencing the health status of patients are circumstances or problems that are not themselves a current illness of injury and are identified by the ICD-9-CM "V" codes (e.g., women receiving post menopausal hormone replacement therapy, or a history of malignant neoplasm).

- Only specific "V" codes which describe health characteristics are collected in this data item. They are represented by ICD-9-CM codes V07.2-V07.39 (prophylactic measures), V10-V15.9 (personal health history), V22.2-V23.1 (pregnancy), V25.4 (contraception), V44-V45.89 (artificial opening and other post surgical states), V50.41-V50.49 (prophylactic organ removal).
- Factors influencing the health status of patients are coded with the leading character "V", without the decimal point, and trailing zeros. Thus, V23.1 is coded as V2310.

**Examples:**

| <b>Code</b> | <b>Reason</b>  |
|-------------|--|
| 49600       | COPD (ICD-9-M code 496)  |
| 25001       | Type 1 diabetes mellitus (ICD-9-CM code 250.01)  |
| 40100       | Hypertension (ICD-9-CM code 401)   |
| E8732       | The patient was inadvertently exposed to an overdose of external beam radiation (ICD-9-CM code E873.2)                               |
| E8782       | The patient with colon cancer underwent surgical resection and subsequently experienced an anastomotic leak (ICD-9-CM code E878.2)   |
| E9300       | During hospitalization, the patient has an adverse reaction to Ampicillin, a semisynthetic form of penicillin (ICD-9-CM code E930.0) |
| V1030       | The patient has a personal history of breast cancer (ICD-9-CM code V10.3)  |

## Physician - Surgeon

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
| Surgeon        | 2480          | 5      |               | Required        |

### Description

Surgeon records the physician who performed the most definitive surgical procedure.

### Rationale

Administrative, physician, and service referral reports are based on this data item.

### Instructions for Recording

- Once the registry has designated a primary surgeon for the patient, the information should not be changed or updated even if the patient receives care from another surgeon.
- Do not update this data item.

## Physician - Follow-Up

| Alternate Name      | NAACCR Item # | Length | Revision Date | Required Status |
|---------------------|---------------|--------|---------------|-----------------|
| Following Physician | 2470          | 5      |               | Required        |

### Description

Follow-Up Physician records the physician currently responsible for the patient's medical care.

### Rationale

The following physician is the first contact for obtaining information on a patient's status and subsequent treatment. This information may be used for outcome studies.

### Instructions for Recording

- Change this data item when patient follow-up becomes the responsibility of another physician.

### Physician - Managing

| Alternate Name     | NAACCR Item # | Length | Revision Date | Required Status |
|--------------------|---------------|--------|---------------|-----------------|
| Managing Physician | 2460          | 5      |               | Required        |

#### Description

Managing Physician records another physician involved in the care of the patient.

#### Rationale

Administrative, physician, and service referral reports are based on this data item. It can also be used for follow-up purposes.



**Physician – 3, 4**

| Alternate Name | NAACCR Item # | Length | Revision Date | Required Status |
|----------------|---------------|--------|---------------|-----------------|
|                | 2490          | 5      | 01/04, 01/10  | Required        |

**Description**

Physician 3 and 4 records another physician involved in the care of the patient.

**Rationale**

Administrative, physician, and service referral reports are based on this data item. It can also be used for follow-up purposes.

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## **Appendix A**

### **Subsequent Primaries Hematologic Malignancies**

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## CRITERIA FOR DETERMINING MULTIPLE PRIMARIES OF LYMPHATIC AND HEMATOPOIETIC DISEASES

**Use the table in this Appendix only for hematologic malignancies diagnosed prior to January 1, 2010. Beginning with diagnoses on January 1, 2010, use Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic and Lymphoid Neoplasm Database (Hematopoietic DB).**

The following rules are to be used as a guide for identifying lymphomas and leukemias with second primaries. Note that the rules refer to general headings followed by the ICD-O morphology codes included in each heading. For specific terms such as "histiocytic," "diffuse," "nodular" and "granulocytic," check the ICD-O Alphabetic Index to determine into which general category a specific term falls. Complete instructions for determining subsequent primaries in lymphatic and hematopoietic diseases are available in both the SEER Program Code Manual 2004 and the FORDS.

**Note:** *Different histologic terms are sometimes used to describe progressive stages or phases of the same disease process.*

**Lymphoma Codes:** Lymphomas present some unique coding difficulties because of the complexity of the classification and the variety of terminologies in use. The following rules will be helpful in choosing the correct ICD-O-3 code for the histologic type:

1. The current preferred terminology is the World Health Organization Classification of Tumors of the Hematopoietic and Lymphoid Tissues.
2. If this terminology is not what is stated in the diagnosis, the following guidelines from older classifications apply:
  - a. When the terms "diffuse" and "nodular" (follicular) are both mentioned in a diagnosis, ignore the term "diffuse" in coding, because most nodular tumors progress to diffuse or have some diffuse aspects.
  - b. If neither diffuse nor nodular (follicular) is mentioned, presume the lymphoma is diffuse.
  - c. The terms lymphoma, malignant lymphoma, and non-Hodgkin's lymphoma may be used interchangeably.
  - d. Avoid using non-specific or unclassified lymphoma terms if there are specific diagnoses that can be coded.
  - e. Some terms have equivalent meanings, for example:
    - i. Centroblastic = non-cleaved
    - ii. Centrocytic = cleaved
    - iii. Follicular = nodular
    - iv. Histiocytic = large (cell)
    - v. Lymphocytic = small (cell)
    - vi. Mixed lymphocytic and histiocytic = mixed small and large (cell)
  - f. When the term "mixed cellularity" is used with non-Hodgkin's lymphoma, it means mixed lymphocytic-histiocytic lymphoma.

## DEFINITIONS OF SINGLE AND SUBSEQUENT PRIMARIES FOR HEMATOLOGIC MALIGNANCIES BASED ON ICD-O-3 REPORTABLE MALIGNANCIES, EFFECTIVE WITH DIAGNOSES 01/01/2001 – 12/31/2009

Cancer registrars are often faced with multiple pathology reports in patients with hematologic malignancies, and the diagnoses reported may require different morphology codes. This is due in part to the fact that more intensive diagnostic study may yield a more specific diagnosis, and in part due to the natural histories of hematopoietic diseases, which may progress from one disease into another.

The following chart was prepared by Seer Program, NCI, and provided to aid the registrar in determining single versus subsequent primary.

The following guidelines are employed:

1. "Lymphoma" is a general term for hematopoietic solid malignancies of the lymphoid series. "Leukemia" is a general term for liquid malignancies of either the lymphoid or the myeloid series. While it is recognized that some malignancies occur predominantly (or even exclusively) in liquid or solid form, because so many malignancies can potentially arise as either leukemias or lymphomas (or both), all hematopoietic malignancies are assumed to have this potential.
2. Malignancies of the lymphoid series are considered to be different from those of the myeloid series. Therefore, a lymphoid malignancy arising after diagnosis of a myeloid malignancy (or Myelodysplastic or myeloproliferative disorder) would be considered a subsequent primary; however, a myeloid malignancy diagnosed after a previous myeloid malignancy would not count as a subsequent primary. Histiocytic malignancies are considered different from both lymphoid and myeloid malignancies.
3. Hodgkin lymphoma is considered to be different from non-Hodgkin lymphoma (NHL). Among the NHLs, B-cell malignancies are considered different from T-cell/NK cell malignancies. Therefore, a B-cell malignancy arising later in the course of a patient previously diagnosed with a T-cell malignancy would be considered a subsequent primary; however, a T-cell malignancy diagnosed later in the same patient would not be considered a subsequent primary.
4. The sequence of diagnoses affects whether a diagnosis represents a subsequent primary. In some cases, the order of occurrence of the two diagnoses being compared is a factor in the decision whether the second diagnosis is a new primary.

**To use the table**, assign the ICD-O-3 code to the first diagnosis and find the row containing that code. Assign the ICD-O-3 code for the second diagnosis and find the column containing that code. In the cell at the intersection of the first diagnosis row and the second diagnosis column, a "S" symbol indicates that the two diagnoses are most likely the **same** disease process (prepare/update a single abstract), and a "D" indicates that they are most likely **different** disease processes (prepare more than one abstract).

**Note:** If one of the two diagnoses is an NOS (not otherwise specified) term and the other is more specific and determined to be the same disease process, code the more specific diagnosis regardless of the sequence. For example, if a diagnosis of non-Hodgkin lymphoma, NOS is followed by a diagnosis of follicular lymphoma, assign the morphology code for the follicular lymphoma.

**Note:** The table "Single versus Subsequent Primaries of Lymphatic and Hematopoietic Diseases" and the "Complete Diagnostic Terms for Table (based on ICD-O-3)" display only the ICD-O-3 primary (boldfaced) term associated with the code. Refer to the International Classification of Diseases, Third Edition (ICD-O-3) for a complete list of related terms and synonyms.

Source: SEER Program, NCI

**Complete Diagnostic Terms for Table (Based on ICD-O-3):**

1. 9590 Malignant lymphoma, NOS
2. 9591 Malignant lymphoma, non-Hodgkin, NOS
3. 9596 Composite Hodgkin and non-Hodgkin lymphoma
4. 9650-9667 Hodgkin lymphoma (all subtypes)
5. 9670-9671 Malignant lymphoma, small B lymphocytic
6. 9673 Mantle cell lymphoma
7. 9675-9684 Malignant lymphoma, diffuse large B-cell
8. 9687 Burkitt lymphoma
9. 9689, 9699 Marginal zone B-cell lymphoma
10. 9690-9698 Follicular lymphoma
11. 9700-9701 Mycosis fungoides and Sezary syndrome
12. 9702-9719 T/NK-cell non-Hodgkin lymphoma
13. 9727 Precursor cell lymphoblastic lymphoma, NOS
14. 9728 Precursor B-cell lymphoblastic lymphoma
15. 9729 Precursor T-cell lymphoblastic lymphoma
16. 9731-9734 Plasma cell tumors
17. 9740-9742 Mast cell tumors
18. 9750-9756 Histiocytosis/Langerhans cell histiocytosis
19. 9757-9758 Dendritic cell sarcoma
20. 9760 Immunoproliferative disease, NOS
21. 9761 Waldenstrom macroglobulinemia
22. 9762 Heavy chain disease, NOS
23. 9764 Immunoproliferative small intestinal disease
24. 9800-9801 Leukemia, NOS/Acute leukemia, NOS
25. 9805 Acute biphenotypic leukemia
26. 9820 Lymphoid leukemia, NOS
27. 9823 B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma
28. 9826 Burkitt cell leukemia
29. 9827 Adult T-cell leukemia/lymphoma (HTLV-1 positive)
30. 9832 Prolymphocytic leukemia, NOS
31. 9833 Prolymphocytic leukemia, B-cell type
32. 9834 Prolymphocytic leukemia, T-cell type
33. 9835 Precursor cell lymphoblastic leukemia, NOS
34. 9836 Precursor B-cell lymphoblastic leukemia
35. 9837 Precursor T-cell lymphoblastic leukemia
36. 9840-9910 Myeloid leukemias
37. 9920 Therapy related acute myelogenous leukemia
38. 9930 Myeloid sarcoma
39. 9931 Acute panmyelosis with myelofibrosis
40. 9940 Hairy cell leukemia
41. 9945 Chronic myelomonocytic leukemia, NOS
42. 9946 Juvenile myelomonocytic leukemia
43. 9948 Aggressive NK-cell leukemia
44. 9950 Polycythemia vera
45. 9960 Chronic myeloproliferative disease, NOS
46. 9961 Myelosclerosis with myeloid metaplasia
47. 9962 Essential thrombocythemia
48. 9963 Chronic neutrophilic leukemia
49. 9964 Hypereosinophilic syndrome
50. 9980-9986 Refractory anemias
51. 9987 Therapy related myelodysplastic syndrome, NOS
52. 9989 Myelodysplastic syndrome, NOS

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# SINGLE VERSUS SUBSEQUENT PRIMARIES OF LYMPHATIC AND HEMATOPOIETIC DISEASES

| February 28, 2001<br>PAGE 1       |            | 1. 9590 Malignant lymphoma, NOS | 2. 9591 NHL, NOS | 3. 9596 Composite HD/NHL | 4. 9650-9667 Hodgkin lymphoma | 5. 9670-9671 ML, small B lymph | 6. 9673 Mantle cell lymph | 7. 9675-9684 ML, diff large B-cell | 8. 9687 Burkitt lymphoma | 9. 9689, 9699 Marg zn, B-cl lymph | 10. 9690-9698 Follicular lymphoma |
|-----------------------------------|------------|---------------------------------|------------------|--------------------------|-------------------------------|--------------------------------|---------------------------|------------------------------------|--------------------------|-----------------------------------|-----------------------------------|
| SECOND DX ACROSS                  |            |                                 |                  |                          |                               |                                |                           |                                    |                          |                                   |                                   |
| FIRST DX DOWN                     |            |                                 |                  |                          |                               |                                |                           |                                    |                          |                                   |                                   |
| 1. Malignant lymphoma, NOS        | 9590       | S                               | S                | S                        | S                             | S                              | S                         | S                                  | S                        | S                                 | S                                 |
| 2. NHL, NOS                       | 9591       | S                               | S                | D                        | D                             | S                              | S                         | S                                  | S                        | S                                 | S                                 |
| 3. Composite HD/NHL               | 9596       | S                               | S                | S                        | S                             | S                              | S                         | S                                  | S                        | S                                 | S                                 |
| 4. Hodgkin lymphoma               | 9650-9667  | S                               | D                | D                        | S                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 5. ML, small B lymphocytic        | 9670-9671  | S                               | S                | D                        | D                             | S                              | D                         | S                                  | D                        | D                                 | D                                 |
| 6. Mantle cell lymphoma           | 9673       | S                               | S                | D                        | D                             | D                              | S                         | D                                  | D                        | D                                 | D                                 |
| 7. ML, diffuse, large B-cell      | 9675-9684  | S                               | S                | D                        | D                             | S                              | D                         | S                                  | S                        | D                                 | S                                 |
| 8. Burkitt lymphoma               | 9687       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | S                        | D                                 | D                                 |
| 9. Marg zone, B-cell lymphoma     | 9689, 9699 | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | S                                 | D                                 |
| 10. Follicular lymphoma           | 9690-9698  | S                               | S                | D                        | D                             | D                              | D                         | S                                  | D                        | D                                 | S                                 |
| 11. Mycos fung, Sezary disease    | 9700-9701  | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 12. T/NK-cell NHL                 | 9702-9719  | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 13. Precurs lym'blas lymph NOS    | 9727       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 14. Precurs lym'blas lymph B-cell | 9728       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 15. Precurs lym'blas lymph T-cell | 9729       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 16. Plasma cell tumors            | 9731-9734  | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 17. Mast cell tumors              | 9740-9742  | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 18. Histiocytosis/Langerhans cell | 9750-9756  | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 19. Dendritic cell sarcoma        | 9757-9758  | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 20. Immunoprolif disease, NOS     | 9760       | S                               | S                | D                        | D                             | S                              | D                         | S                                  | D                        | D                                 | D                                 |
| 21. Waldenstrom macroglob         | 9761       | S                               | S                | D                        | D                             | S                              | D                         | S                                  | D                        | D                                 | D                                 |
| 22. Heavy chain disease, NOS      | 9762       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 23. Immun sm intest disease       | 9764       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 24. Leuk/Acute leuk, NOS          | 9800-9801  | S                               | S                | D                        | D                             | D                              | D                         | D                                  | S                        | D                                 | D                                 |
| 25. Acute biphenotypic leukemia   | 9805       | S                               | S                | D                        | D                             | S                              | S                         | S                                  | S                        | S                                 | S                                 |
| 26. Lymphocytic leukemia, NOS     | 9820       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | S                        | D                                 | S                                 |
| 27. BCLL/SLL                      | 9823       | S                               | S                | D                        | D                             | S                              | D                         | S                                  | D                        | D                                 | D                                 |
| 28. Burkitt cell leukemia         | 9826       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | S                        | D                                 | D                                 |
| 29. Adult T-cell leuk/lymph       | 9827       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 30. Prolym'cyt leuk, NOS          | 9832       | D                               | D                | D                        | D                             | S                              | D                         | D                                  | D                        | D                                 | D                                 |
| 31. Prolym'cyt leuk, B-cell       | 9833       | D                               | D                | D                        | D                             | S                              | D                         | D                                  | D                        | D                                 | D                                 |
| 32. Prolym'cyt leuk, T-cell       | 9834       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 33. Precurs lym'cyt leuk, NOS     | 9835       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 34. Precurs B-cell leuk           | 9836       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 35. Precurs T-cell leuk           | 9837       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 36. Myeloid leukemias             | 9840-9910  | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 37. Therapy related AML           | 9920       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 38. Myeloid sarcoma               | 9930       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 39. Acute panmyelosis             | 9931       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 40. Hairy cell leukemia           | 9940       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 41. Chron myelomonocyt leuk       | 9945       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 42. Juvenile myelomonocyt leuk    | 9946       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 43. NK-cell leukemia              | 9948       | S                               | S                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 44. Polycythemia vera             | 9950       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 45. Chron myeloprolif disease     | 9960       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 46. Myeloid sarcoma               | 9961       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 47. Essen thrombocythem           | 9962       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 48. Chron neutrophilic leukemia   | 9963       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 49. Hypereosinophilic syndrome    | 9964       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 50. Refractory anemias            | 9980-9986  | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 51. Therapy related MDS           | 9987       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |
| 52. Myelodysplastic syndr, NOS    | 9989       | D                               | D                | D                        | D                             | D                              | D                         | D                                  | D                        | D                                 | D                                 |

Codes: S--one primary only; D--presumably a subsequent primary

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# SINGLE VERSUS SUBSEQUENT PRIMARIES OF LYMPHATIC AND HEMATOPOIETIC DISEASES

| February 28, 2001<br>PAGE 2       |            | SECOND DX ACROSS<br>FIRST DX DOWN   |                                     |  |   |   |                                     |                                   |                                   |                                      |                              |
|-----------------------------------|------------|-------------------------------------|-------------------------------------|--|---|---|-------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|------------------------------|
|                                   |            | 11. 9700-9701<br>MF, Sezary disease | 12. 9702-9719<br>T/NK-cell lymphoma | 13. 9727 Precurs<br>lym'blas lymph NOS | 14. 9728 Precurs<br>lym'blas lymph B-cl | 15. 9729 Precurs<br>lym'blas lymph T-cl | 16. 9731-9734<br>Plasma cell tumors | 17. 9740-9742<br>Mast cell tumors | 18. 9750-9756<br>Histiocytos: LCH | 19. 9757-9758<br>Dendritic cell sarc | 20. 9760<br>Immunoprolif dis |
| 1. Malignant lymphoma, NOS        | 9590       | S                                   | S                                   | S                                      | S                                       | S                                       | S                                   | S                                 | S                                 | S                                    | S                            |
| 2. NHL, NOS                       | 9591       | S                                   | S                                   | S                                      | S                                       | S                                       | D                                   | D                                 | D                                 | S                                    | S                            |
| 3. Composite HD/NHL               | 9596       | S                                   | S                                   | S                                      | S                                       | S                                       | D                                   | D                                 | D                                 | D                                    | S                            |
| 4. Hodgkin lymphoma               | 9650-9667  | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 5. ML, small B lymphocytic        | 9670-9671  | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 6. Mantle cell lymphoma           | 9673       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 7. ML, diffuse, large B-cell      | 9675-9684  | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | S                            |
| 8. Burkitt lymphoma               | 9687       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 9. Marg zone, B-cell lymphoma     | 9689, 9699 | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 10. Follicular lymphoma           | 9690-9698  | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 11. Mycos fung, Sezary disease    | 9700-9701  | S                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 12. T/NK-cell NHL                 | 9702-9719  | D                                   | S                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | S                            |
| 13. Precurs lym'blas lymph NOS    | 9727       | D                                   | D                                   | S                                      | S                                       | S                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 14. Precurs lym'blas lymph B-cell | 9728       | D                                   | D                                   | S                                      | S                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 15. Precurs lym'blas lymph T-cell | 9729       | D                                   | D                                   | S                                      | D                                       | S                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 16. Plasma cell tumors            | 9731-9734  | D                                   | D                                   | D                                      | D                                       | D                                       | S                                   | D                                 | D                                 | D                                    | D                            |
| 17. Mast cell tumors              | 9740-9742  | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | S                                 | D                                 | D                                    | D                            |
| 18. Histiocytos/Langerhans cell   | 9750-9756  | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | S                                 | D                                    | D                            |
| 19. Dendritic cell sarcoma        | 9757-9758  | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | S                                    | D                            |
| 20. Immunoprolif disease, NOS     | 9760       | D                                   | D                                   | D                                      | D                                       | D                                       | S                                   | D                                 | D                                 | D                                    | S                            |
| 21. Waldenstrom macroglob         | 9761       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | S                            |
| 22. Heavy chain disease, NOS      | 9762       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | S                            |
| 23. Immun sm intest disease       | 9764       | D                                   | D                                   | D                                      | D                                       | D                                       | S                                   | D                                 | D                                 | D                                    | S                            |
| 24. Leuk/Acute leuk, NOS          | 9800-9801  | D                                   | S                                   | S                                      | S                                       | S                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 25. Acute biphenotypic leukem     | 9805       | S                                   | S                                   | S                                      | S                                       | S                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 26. Lymphocytic leukem, NOS       | 9820       | S                                   | S                                   | S                                      | S                                       | S                                       | D                                   | D                                 | D                                 | D                                    | S                            |
| 27. BCLL/SLL                      | 9823       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | S                            |
| 28. Burkitt cell leukemia         | 9826       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 29. Adult T-cell leuk/lymph       | 9827       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 30. Polym'cyt leuk, NOS           | 9832       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 31. Polym'cyt leuk, B-cell        | 9833       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 32. Polym'cyt leuk, T-cell        | 9834       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 33. Precurs lym'cyt leuk, NOS     | 9835       | D                                   | D                                   | S                                      | S                                       | S                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 34. Precurs B-cell leuk           | 9836       | D                                   | D                                   | S                                      | S                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 35. Precurs T-cell leuk           | 9837       | D                                   | D                                   | S                                      | D                                       | S                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 36. Myeloid leukemias             | 9840-9910  | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 37. Therapy related AML           | 9920       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 38. Myeloid sarcoma               | 9930       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 39. Acute panmyelosis             | 9931       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 40. Hairy cell leukemia           | 9940       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 41. Chron myelomonocyt leuk       | 9945       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 42. Juvenile myelomonocy leuk     | 9946       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 43. NK-cell leukemia              | 9948       | D                                   | S                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 44. Polycythemia vera             | 9950       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 45. Chron myeloprolif disease     | 9960       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 46. Myelosclerosis                | 9961       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 47. Essen thrombocythem           | 9962       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 48. Chron neutrophilic leukemia   | 9963       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 49. Hypereosinophilic syndrome    | 9964       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 50. Refractory anemias            | 9980-9986  | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 51. Therapy related MDS           | 9987       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |
| 52. Myelodysplastic syndr, NOS    | 9989       | D                                   | D                                   | D                                      | D                                       | D                                       | D                                   | D                                 | D                                 | D                                    | D                            |

Codes: S--one primary only; D--presumably a subsequent primary

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# SINGLE VERSUS SUBSEQUENT PRIMARIES OF LYMPHATIC AND HEMATOPOIETIC DISEASES

| February 28, 2001<br>PAGE 3       |            |                         |                             |                               |                                    |                                     |                               |                      |                              |                                   |                              |  |
|-----------------------------------|------------|-------------------------|-----------------------------|-------------------------------|------------------------------------|-------------------------------------|-------------------------------|----------------------|------------------------------|-----------------------------------|------------------------------|--|
| SECOND DX ACROSS                  |            |                         |                             |                               |                                    |                                     |                               |                      |                              |                                   |                              |  |
| FIRST DX DOWN                     |            | 21. 9761<br>Waldenstrom | 22. 9762<br>Heavy chain dis | 23. 9764<br>Imm sm intest dis | 24. 9800-9801<br>Leuk/Acu leuk NOS | 25. 9805<br>Acute biphenotypic leuk | 26. 9820<br>Lym'cyt leuk, NOS | 27. 9823<br>BCLL/SLL | 28. 9826<br>Burkitt leukemia | 29. 9827<br>Adult T-cell leuk/lym | 30. 9832<br>Prolym leuk, NOS |  |
| 1. Malignant lymphoma, NOS        | 9590       | S                       | S                           | S                             | S                                  | S                                   | S                             | S                    | S                            | S                                 | S                            |  |
| 2. NHL, NOS                       | 9591       | S                       | S                           | S                             | S                                  | S                                   | S                             | S                    | S                            | S                                 | D                            |  |
| 3. Composite HD/NHL               | 9596       | S                       | S                           | S                             | S                                  | D                                   | S                             | S                    | S                            | S                                 | D                            |  |
| 4. Hodgkin lymphoma               | 9650-9667  | D                       | D                           | D                             | D                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 5. ML, small B lymphocytic        | 9670-9671  | S                       | D                           | D                             | D                                  | S                                   | S                             | S                    | D                            | D                                 | S                            |  |
| 6. Mantle cell lymphoma           | 9673       | D                       | D                           | D                             | D                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 7. ML, diffuse, large B-cell      | 9675-9684  | S                       | S                           | S                             | D                                  | S                                   | S                             | S                    | D                            | D                                 | S                            |  |
| 8. Burkitt lymphoma               | 9687       | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | S                            | D                                 | D                            |  |
| 9. Marg zone, B-cell lymphoma     | 9689, 9699 | D                       | D                           | D                             | D                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 10. Follicular lymphoma           | 9690-9698  | D                       | D                           | D                             | D                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 11. Mycos fung, Sezary disease    | 9700-9701  | D                       | D                           | D                             | D                                  | S                                   | S                             | D                    | D                            | D                                 | D                            |  |
| 12. T/NK-cell NHL                 | 9702-9719  | D                       | D                           | D                             | D                                  | S                                   | S                             | D                    | D                            | D                                 | D                            |  |
| 13. Precurs lym'blas lymph NOS    | 9727       | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | D                            | D                                 | D                            |  |
| 14. Precurs lym'blas lymph B-cell | 9728       | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | D                            | D                                 | D                            |  |
| 15. Precurs lym'blas lymph T-cell | 9729       | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | D                            | D                                 | D                            |  |
| 16. Plasma cell tumors            | 9731-9734  | D                       | D                           | D                             | D                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 17. Mast cell tumors              | 9740-9742  | D                       | D                           | D                             | D                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 18. Histiocytos/Langerhans cell   | 9750-9756  | D                       | D                           | D                             | D                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 19. Dendritic cell sarcoma        | 9757-9758  | D                       | D                           | D                             | D                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 20. Immunoprolif disease, NOS     | 9760       | S                       | S                           | S                             | D                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 21. Waldenstrom macroglob         | 9761       | S                       | D                           | D                             | D                                  | D                                   | S                             | S                    | D                            | D                                 | D                            |  |
| 22. Heavy chain disease, NOS      | 9762       | D                       | S                           | S                             | D                                  | D                                   | S                             | S                    | D                            | D                                 | D                            |  |
| 23. Immun sm intest disease       | 9764       | D                       | S                           | S                             | D                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 24. Leuk/Acute leuk, NOS          | 9800-9801  | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | S                            | S                                 | D                            |  |
| 25. Acute biphenotypic leukem     | 9805       | D                       | D                           | D                             | S                                  | S                                   | S                             | S                    | S                            | S                                 | S                            |  |
| 26. Lymphocytic leukem, NOS       | 9820       | S                       | S                           | D                             | S                                  | S                                   | S                             | S                    | S                            | S                                 | S                            |  |
| 27. BCLL/SLL                      | 9823       | D                       | D                           | D                             | D                                  | S                                   | S                             | S                    | D                            | D                                 | S                            |  |
| 28. Burkitt cell leukemia         | 9826       | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | S                            | D                                 | D                            |  |
| 29. Adult T-cell leuk/lymph       | 9827       | D                       | D                           | D                             | D                                  | S                                   | S                             | D                    | D                            | S                                 | D                            |  |
| 30. Prolym'cyt leuk, NOS          | 9832       | D                       | D                           | D                             | D                                  | S                                   | S                             | S                    | D                            | D                                 | S                            |  |
| 31. Prolym'cyt leuk, B-cell       | 9833       | D                       | D                           | D                             | D                                  | S                                   | S                             | S                    | D                            | D                                 | S                            |  |
| 32. Prolym'cyt leuk, T-cell       | 9834       | D                       | D                           | D                             | D                                  | S                                   | S                             | D                    | D                            | S                                 | S                            |  |
| 33. Precurs lym'cyt leuk, NOS     | 9835       | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | D                            | D                                 | D                            |  |
| 34. Precurs B-cell leuk           | 9836       | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | D                            | D                                 | D                            |  |
| 35. Precurs T-cell leuk           | 9837       | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | D                            | D                                 | D                            |  |
| 36. Myeloid leukemias             | 9840-9910  | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 37. Therapy related AML           | 9920       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 38. Myeloid sarcoma               | 9930       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 39. Acute panmyelosis             | 9931       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 40. Hairy cell leukemia           | 9940       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 41. Chron myelomonocyt leuk       | 9945       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 42. Juvenile myelomonocy leuk     | 9946       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 43. NK-cell leukemia              | 9948       | D                       | D                           | D                             | S                                  | S                                   | S                             | D                    | D                            | D                                 | D                            |  |
| 44. Polycythemia vera             | 9950       | D                       | D                           | D                             | S                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 45. Chron myeloprolif disease     | 9960       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 46. Myeloid leukemia              | 9961       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 47. Essen thrombocythem           | 9962       | D                       | D                           | D                             | S                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 48. Chron neutrophilic leukemia   | 9963       | D                       | D                           | D                             | S                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 49. Hypereosinophilic syndrome    | 9964       | D                       | D                           | D                             | S                                  | D                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 50. Refractory anemias            | 9980-9986  | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 51. Therapy related MDS           | 9987       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |
| 52. Myelodysplastic syndr, NOS    | 9989       | D                       | D                           | D                             | S                                  | S                                   | D                             | D                    | D                            | D                                 | D                            |  |

Codes: S--one primary only; D--presumably a subsequent primary

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# SINGLE VERSUS SUBSEQUENT PRIMARIES OF LYMPHATIC AND HEMATOPOIETIC DISEASES

| February 28, 2001<br>PAGE 4<br><br>SECOND DX ACROSS<br><br>FIRST DX DOWN |            | 31. 9833<br>Polym leuk, B-cell | 32. 9834<br>Polym leuk, T-cell | 33. 9835<br>Precurs leuk, NOS | 34. 9836<br>Precurs leuk, B-cell | 35. 9837<br>Precurs leuk, T-cell | 36. 9840-9910<br>Myeloid leukemias | 37. 9920<br>Therapy rel AML | 38. 9930<br>Myeloid sarcoma | 39. 9931<br>Acute panmyelosis | 40. 9940<br>Hairy cell leukemia | 41. 9945<br>Chr myelomonoc leu |
|--|------------|--------------------------------|--------------------------------|-------------------------------|----------------------------------|----------------------------------|------------------------------------|-----------------------------|-----------------------------|-------------------------------|---------------------------------|--------------------------------|
| 1. Malignant lymphoma, NOS   | 9590       | S                              | S                              | S                             | S                                | S                                | S                                  | S                           | S                           | S                             | S                               | S                              |
| 2. NHL, NOS  | 9591       | D                              | D                              | S                             | S                                | S                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 3. Composite HD/NHL  | 9596       | D                              | D                              | S                             | S                                | S                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 4. Hodgkin lymphoma  | 9650-9667  | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 5. ML, small B lymphocytic   | 9670-9671  | S                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 6. Mantle cell lymphoma  | 9673       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 7. ML, diffuse, large B-cell   | 9675-9684  | S                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 8. Burkitt lymphoma  | 9687       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 9. Marg zone, B-cell lymphoma  | 9689, 9699 | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 10. Follicular lymphoma  | 9690-9698  | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 11. Mycos fung, Sezary disease   | 9700-9701  | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 12. T/NK-cell NHL  | 9702-9719  | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 13. Precurs lym'blas lymph NOS   | 9727       | D                              | D                              | S                             | S                                | S                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 14. Precurs lym'blas lymph B-cell  | 9728       | D                              | D                              | S                             | S                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 15. Precurs lym'blas lymph T-cell  | 9729       | D                              | D                              | S                             | D                                | S                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 16. Plasma cell tumors   | 9731-9734  | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 17. Mast cell tumors   | 9740-9742  | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 18. Histiocytosis/Langerhans cell  | 9750-9756  | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 19. Dendritic cell sarcoma   | 9757-9758  | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 20. Immunoprolif disease, NOS  | 9760       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 21. Waldenstrom macroglob  | 9761       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 22. Heavy chain disease, NOS   | 9762       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 23. Immun sm intest disease  | 9764       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 24. Leuk/Acute leuk, NOS   | 9800-9801  | D                              | D                              | S                             | S                                | S                                | S                                  | S                           | S                           | D                             | D                               | S                              |
| 25. Acute biphenotypic leukem  | 9805       | S                              | S                              | S                             | S                                | S                                | S                                  | S                           | S                           | S                             | S                               | S                              |
| 26. Lymphocytic leukem, NOS  | 9820       | S                              | S                              | S                             | S                                | S                                | D                                  | D                           | D                           | D                             | S                               | D                              |
| 27. BCLL/SLL   | 9823       | S                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 28. Burkitt cell leukemia  | 9826       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 29. Adult T-cell leuk/lymph  | 9827       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 30. Polym'cyt leuk, NOS  | 9832       | S                              | S                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 31. Polym'cyt leuk, B-cell   | 9833       | S                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 32. Polym'cyt leuk, T-cell   | 9834       | D                              | S                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 33. Precurs lym'cyt leuk, NOS  | 9835       | D                              | D                              | S                             | S                                | S                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 34. Precurs B-cell leuk  | 9836       | D                              | D                              | S                             | S                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 35. Precurs T-cell leuk  | 9837       | D                              | D                              | S                             | D                                | S                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 36. Myeloid leukemias  | 9840-9910  | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 37. Therapy related AML  | 9920       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 38. Myeloid sarcoma  | 9930       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 39. Acute panmyelosis  | 9931       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 40. Hairy cell leukemia  | 9940       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | S                               | D                              |
| 41. Chron myelomonocyt leuk  | 9945       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 42. Juvenile myelomonocy leuk  | 9946       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 43. NK-cell leukemia   | 9948       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 44. Polycythemia vera  | 9950       | D                              | D                              | D                             | D                                | D                                | D                                  | D                           | D                           | D                             | D                               | D                              |
| 45. Chron myeloprolif disease  | 9960       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 46. Myeloid leukemia   | 9961       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 47. Essen thrombocythem  | 9962       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 48. Chron neutrophilic leukemia  | 9963       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 49. Hypereosinophilic syndrome   | 9964       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 50. Refractory anemias   | 9980-9986  | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 51. Therapy related MDS  | 9987       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |
| 52. Myelodysplastic syndr, NOS   | 9989       | D                              | D                              | D                             | D                                | D                                | S                                  | S                           | S                           | S                             | D                               | S                              |

Codes: S--one primary only; D--presumably a subsequent primary

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# SINGLE VERSUS SUBSEQUENT PRIMARIES OF LYMPHATIC AND HEMATOPOIETIC DISEASES

| February 28, 2001<br>PAGE 5       |            | SECOND DX ACROSS<br>FIRST DX DOWN |                              |                               |                                 |                           |                               |                                |                              |                                  |                             |                              |
|-----------------------------------|------------|-----------------------------------|------------------------------|-------------------------------|---------------------------------|---------------------------|-------------------------------|--------------------------------|------------------------------|----------------------------------|-----------------------------|------------------------------|
|                                   |            | 42. 9946<br>Juv myelomono leu     | 43. 9948<br>NK-cell leukemia | 44. 9950<br>Polycythemia vera | 45. 9960<br>Chr myeloprolif dis | 46. 9961<br>Myeloclerosis | 47. 9962<br>Ess thrombocythem | 48. 9963<br>Chr neutrophil leu | 49. 9964<br>Hypereosin syndr | 50. 9980-9986<br>Refract anemias | 51. 9987<br>Therapy rel MDS | 52. 9989<br>Myelodys syn NOS |
| 1. Malignant lymphoma, NOS        | 9590       | S                                 | S                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 2. NHL, NOS                       | 9591       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 3. Composite HD/NHL               | 9596       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 4. Hodgkin lymphoma               | 9650-9667  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 5. ML, small B lymphocytic        | 9670-9671  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 6. Mantle cell lymphoma           | 9673       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 7. ML, diffuse, large B-cell      | 9675-9684  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 8. Burkitt lymphoma               | 9687       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 9. Marg zone, B-cell lymphoma     | 9689, 9699 | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 10. Follicular lymphoma           | 9690-9698  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 11. Mycos fung, Sezary disease    | 9700-9701  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 12. T/NK-cell NHL                 | 9702-9719  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 13. Precurs lym'blas lymph NOS    | 9727       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 14. Precurs lym'blas lymph B-cell | 9728       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 15. Precurs lym'blas lymph T-cell | 9729       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 16. Plasma cell tumors            | 9731-9734  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 17. Mast cell tumors              | 9740-9742  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 18. Histiocytos/Langerhans cell   | 9750-9756  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 19. Dendritic cell sarcoma        | 9757-9758  | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 20. Immunoprolif disease, NOS     | 9760       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 21. Waldenstrom macroglob         | 9761       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 22. Heavy chain disease, NOS      | 9762       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 23. Immun sm intest disease       | 9764       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 24. Leuk/Acute leuk, NOS          | 9800-9801  | S                                 | D                            | D                             | S                               | S                         | D                             | S                              | S                            | D                                | S                           | S                            |
| 25. Acute biphenotypic leukem     | 9805       | S                                 | S                            | D                             | S                               | S                         | D                             | D                              | D                            | S                                | S                           | S                            |
| 26. Lymphocytic leukem, NOS       | 9820       | D                                 | S                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 27. BCLL/SLL                      | 9823       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 28. Burkitt cell leukemia         | 9826       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 29. Adult T-cell leuk/lymph       | 9827       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 30. Polym'cyt leuk, NOS           | 9832       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 31. Polym'cyt leuk, B-cell        | 9833       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 32. Polym'cyt leuk, T-cell        | 9834       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 33. Precurs lym'cyt leuk, NOS     | 9835       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 34. Precurs B-cell leuk           | 9836       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 35. Precurs T-cell leuk           | 9837       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 36. Myeloid leukemias             | 9840-9910  | S                                 | D                            | D                             | S                               | S                         | S                             | S                              | S                            | D                                | S                           | S                            |
| 37. Therapy related AML           | 9920       | S                                 | D                            | D                             | D                               | S                         | D                             | D                              | D                            | D                                | S                           | S                            |
| 38. Myeloid sarcoma               | 9930       | S                                 | D                            | D                             | S                               | S                         | S                             | S                              | D                            | D                                | S                           | S                            |
| 39. Acute panmyelosis             | 9931       | S                                 | D                            | D                             | D                               | S                         | D                             | D                              | D                            | D                                | S                           | S                            |
| 40. Hairy cell leukemia           | 9940       | D                                 | D                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 41. Chron myelomonocyt leuk       | 9945       | S                                 | D                            | D                             | S                               | S                         | D                             | S                              | D                            | D                                | S                           | S                            |
| 42. Juvenile myelomonocy leuk     | 9946       | S                                 | D                            | D                             | D                               | S                         | D                             | D                              | D                            | D                                | S                           | S                            |
| 43. NK-cell leukemia              | 9948       | D                                 | S                            | D                             | D                               | D                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 44. Polycythemia vera             | 9950       | D                                 | D                            | S                             | S                               | S                         | D                             | D                              | D                            | D                                | D                           | D                            |
| 45. Chron myeloprolif disease     | 9960       | D                                 | D                            | D                             | S                               | S                         | S                             | S                              | D                            | D                                | D                           | D                            |
| 46. Myeloclerosis                 | 9961       | S                                 | D                            | D                             | S                               | S                         | S                             | S                              | D                            | D                                | S                           | S                            |
| 47. Essen thrombocythem           | 9962       | D                                 | D                            | D                             | S                               | S                         | S                             | S                              | D                            | D                                | D                           | D                            |
| 48. Chron neutrophilic leukemia   | 9963       | D                                 | D                            | D                             | S                               | S                         | S                             | S                              | D                            | D                                | D                           | D                            |
| 49. Hypereosinophilic syndrome    | 9964       | S                                 | D                            | D                             | S                               | S                         | D                             | D                              | S                            | D                                | D                           | D                            |
| 50. Refractory anemias            | 9980-9986  | S                                 | D                            | D                             | S                               | S                         | D                             | D                              | D                            | S                                | S                           | S                            |
| 51. Therapy related MDS           | 9987       | S                                 | D                            | D                             | S                               | S                         | D                             | D                              | D                            | S                                | S                           | S                            |
| 52. Myelodysplastic syndr, NOS    | 9989       | S                                 | D                            | D                             | S                               | S                         | D                             | D                              | D                            | S                                | S                           | S                            |

Codes: S--one primary only; D--presumably a subsequent primary

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# **Appendix B**

## **Common Abbreviations**

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## Common Acceptable Abbreviations (in order of terms) 2004

When abbreviating words in an address, refer to the address abbreviations in the MCTR Abstracting Manual or reference the USPS postal addressing standards at <http://pe.usps.gov/cpim/ftp/pubs/Pub28/pub28.pdf>

|   |           |   |           |
|---|-----------|---|-----------|
| Abdomen                                 | ABD       | Autopsy                                   | AUT       |
| Abdominal Perineal                      | AP        | Axilla(ry)                                | AX        |
| Abnormal                                | ABN       | Bacillus Calmette-Guerin                  | BCG       |
| Above Knee Amputation                   | AK(A)     | Barium                                    | BA        |
| Acid Phosphatase                        | ACID PHOS | Barium Enema                              | BE        |
| Acquired Immunodeficiency Syndrome      | AIDS      | Bartholin's, Urethral, and Skene's Glands | BUS       |
| Acute Granulocytic Leukemia             | AGL       | Below the Knee Amputation                 | BK(A)     |
| Acute Lymphocytic Leukemia              | ALL       | Benign Prostatic Hypertrophy/Hyperplasia  | BPH       |
| Acute Myelogenous Leukemia              | AML       | Bilateral                                 | BILAT     |
| Adenocarcinoma                          | ADENOCA   | Bilateral Salpingo-Oophorectomy           | BSO       |
| Adjacent                                | ADJ       | Biological Response Modifier              | BRM       |
| Admission; Admit                        | ADM       | Biopsy                                    | BX, Bx    |
| Against Medical Advice                  | AMA       | Blood Urea Nitrogen                       | BUN       |
| AIDS Related Complex                    | ARC       | Bone Marrow                               | BM        |
| Alcohol                                 | ETOH      | Bone Scan                                 | BSC       |
| Alkaline Phosphatase                    | ALK PHOS  | Bowel Movement                            | BM        |
| Alpha-fetoprotein                       | AFP       | Bowel Sounds                              | BS        |
| Also Known As                           | AKA       | Breath Sounds                             | BS, BRS   |
| Ambulatory                              | AMB       | Bright Red Blood Per Rectum               | BRB(PR)   |
| Anal Intraepithelial Neoplasia          | AIN       | Cancer, Carcinoma                         | CA        |
| Anaplastic                              | ANAP      | Carcinoembryonic Antigen                  | CEA       |
| Angiography                             | ANGIO     | Carcinoma In-situ                         | CIS       |
| Anterior                                | ANT       | CAT Scan                                  | CT, CT SC |
| Anteroposterior                         | AP        | Centimeter                                | CM        |
| Appendix                                | APP       | Central Nervous System                    | CNS       |
| Approximately                           | APPROX    | Cerebrospinal Fluid                       | CSF       |
| Arterial Blood Gas                      | ABG       | Cervical Intraepithelial Neoplasia        | CIN       |
| Arteriosclerotic Cardiovascular Disease | ASCVD     | Cervical Vertebra                         | C1-C7     |
| Arteriosclerotic Heart Disease          | ASHD      | Cervix                                    | CX        |
| Arteriovenous                           | AV        | Chemotherapy                              | CHEMO     |
| Aspiration                              | ASP       | Chest X-ray                               | CXR       |
| Associated                              | ASSOC     | Chief Complaint                           | CC        |
| Auscultation & Percussion               | A&P       | Cholangiopancreatography                  | ERCP      |

|                                       |             |   |         |
|---------------------------------------|-------------|---|---------|
| Chronic Granulocytic Leukemia         | CGL         | Endoscopic Retrograde                           | ERCP    |
| Chronic Lymphocytic Leukemia          | CLL         | Cholangiopancreatography                        | EGD     |
| Chronic Myelogenous Leukemia          | CML         | Esophagogastroduodenoscopy                      | ERA     |
| Chronic Obstructive Pulmonary Disease | COPD        | Estrogen Receptor (Assay)                       | EVAL    |
| Cigarettes                            | CIG         | Evaluation                                      | EVID    |
| Clear                                 | CLR         | Evidence  | EXAM    |
| Colon:                                |             | Examination                                     | EUA     |
| Ascending Colon                       | ASC COLON   | Examination under Anesthesia                    | EXC     |
| Descending Colon                      | DESC COLON  | Excision  | EXP LAP |
| Sigmoid Colon                         | SIGM COLON  | Exploratory Laparotomy                          | EXT     |
| Transverse Colon                      | TRANS COLON | Extend  | ECF     |
| Complaining of                        | C/O         | Extended Care Facility                          | EXT     |
| Complete Blood Count                  | CBC         | Extension                                       | EXT     |
| Computerized Axial Tomography         | CAT         | External  | EXT     |
| Congestive Heart Failure              | CHF         | Extremity                                       | EENT    |
| Consistent with                       | C/W         | Eyes, Ears, Nose & Throat                       | FHx     |
| Continue                              | CONT        | Family (Medical) History                        | FUO     |
| Coronary Artery Disease               | CAD         | Fever Unknown Origin                            | FU      |
| Creatine Phosphokinase                | CPK         | Follow-up                                       | Fx      |
| Cubic Centimeter                      | CC          | Fracture  | GB      |
| Cystoscopy                            | CYSTO       | Gallbladder                                     | GE      |
| Cytology                              | CYTO        | Gastroenterostomy                               | GE      |
| Cytomegalovirus                       | CMV         | Gastroesophageal                                | GERD    |
| Date of Birth                         | DOB         | Gastroesophageal Reflux Disease                 | GI      |
| Dead on Arrival                       | DOA         | Gastrointestinal                                | GU      |
| Decreased                             | DECR (or <) | Genitourinary                                   | GR      |
| Dermatology                           | DERM        | Grade   | GM      |
| Diabetes Mellitus                     | DM          | Gram  | GYN     |
| Diagnosis                             | DX          | Gynecology                                      | HEENT   |
| Diameter                              | DIAM        | Head, Eyes, Ears, Nose & Throat                 | HCT     |
| Differentiated                        | DIFF        | Hematocrit                                      | HB, HGB |
| Dilation & Curettage                  | D&C         | Hemoglobin                                      | HGPIN   |
| Discharge                             | DISCH       | High Grade Prostatic Intra-epithelial Neoplasia | HX      |
| Discontinued                          | DISC        | History   | H&P     |
| Disease                               | DZ, DIS     | History & Physical                              | HO      |
| Disorder                              | D/O         | History of                                      | HPI     |
| Doctor                                | DR, MD      | History of Present Illness                      | HORM    |
| Dyspnea on Exertion                   | DOE         | Hormone   | HRT     |
| Ears, Nose & Throat                   | ENT         | Hormone Replacement Therapy                     | HOSP    |
| Electrocardiogram                     | EKG, ECG    | Hospital  | HR, HRS |
| Electroencephalogram                  | EEG         | Hour/Hours                                      | HCG     |
| Electromyogram                        | EMG         | Human Chorionic Gonadotropin                    | HIV     |
| Emergency Room                        | ER          | Human Immunodeficiency Virus                    |         |

|                                     |             |                                   |              |
|-------------------------------------|-------------|-----------------------------------|--------------|
| Human Papilloma Virus               | HPV         | Lower Inner Quadrant              | LIQ          |
| Human T-Lymphotropic Virus Type III | HTLV-III    | Lower Outer Quadrant              | LOQ          |
| Hypertension                        | HTN         | Lumbar Puncture                   | LP           |
| Hysterectomy                        | HYST        | Lumbar Vertebra                   | L1-L5        |
| Immunoglobulin                      | Ig          | Lumbosacral                       | LS           |
| Impression                          | IMP         | Lymphadenopathy-Associated Virus  | LAV          |
| Includes, Including                 | INCL        | Lymph Node(s)                     | LN, LNS      |
| Increase                            | INCR (or >) | Magnetic Resonance Imaging        | MRI          |
| Inferior Vena Cava                  | IVC         | Malignant                         | MALIG        |
| Infiltrating                        | INFILT      | Mandible                          | MAND         |
| Inpatient                           | IN-PT       | Mastectomy                        | MAST         |
| Insulin-Dependent Diabetes Mellitus | IDDM        | Maxillary                         | MAX          |
| Intercostal Margin (space)          | ICM(S)      | Maximum                           | MAX          |
| Internal Mammary Artery             | IMA         | Medical Doctor                    | MD, DR       |
| Intrathecal                         | IT          | Medicine                          | MED          |
| Intravenous                         | IV          | Metastatic, Metastasis            | MET, METS    |
| Intravenous Pyelogram               | IVP         | Microscopic                       | MICRO        |
| Intravenous Urography               | IVU         | Midclavicular Line                | MCL          |
| Iodine                              | I           | Middle Lobe                       | ML           |
| Irregular                           | IRREG       | Milliliter                        | ML           |
| Irritable Bowel Syndrome            | IBS         | Millimeter                        | MM           |
| Jugular Venous Distention           | JVD         | Minimum                           | MIN          |
| Kidneys, Ureter, Bladder            | KUB         | Mitral Valve Prolapse             | MVP          |
| Kilogram                            | KG          | Moderate                          | MOD          |
| Kilovolt                            | KV          | Moderately Differentiated         | MD, MOD DIFF |
| Laboratory                          | LAB         | Modified Radical Mastectomy       | MRM          |
| Laparotomy                          | LAP         | Month                             | MO           |
| Large                               | LG          | Nausea & Vomiting                 | N&V          |
| Last Menstrual Period               | LMP         | Negative                          | NEG (or -)   |
| Lateral                             | LAT         | Neurology                         | NEURO        |
| Left                                | LT          | No Evidence of Disease            | NED          |
| Left Costal Margin                  | LCM         | No Evidence of Metastatic Disease | NEMD         |
| Left Lower Extremity                | LLE         | No Significant Findings           | NSF          |
| Left Lower Lobe                     | LLL         | Normal                            | NL           |
| Left Lower Quadrant                 | LLQ         | Not Applicable                    | NA           |
| Left Middle Lobe                    | LML         | Not Otherwise Specified           | NOS          |
| Left Salpingo-oophorectomy          | LSO         | Not Recorded                      | NR           |
| Left Upper Extremity                | LUE         | Nursing Home                      | NH           |
| Left Upper Lobe                     | LUL         | Obstructed(-ing,-ion)             | OBST         |
| Left Upper Quadrant                 | LUQ         | Operating Room                    | OR           |
| Liter                               | L           | Operation                         | OP           |
| Liver, Kidney, Spleen (Bladder)     | LKS(B)      | Operative Report                  | OP RPT       |
| Lower Extremity                     | LE          | Ounce                             | OZ           |

|                                     |               |   |            |
|-------------------------------------|---------------|---|------------|
| Outpatient                          | OP            | Right Lower Quadrant                    | RLQ        |
| Packs Per Day                       | PPD           | Right Middle Lobe                       | RML        |
| Palpated(-able)                     | PALP          | Right Salpingo-oophorectomy             | RSO        |
| Papanicolaou Smear                  | PAP           | Right Upper Extremity                   | RUE        |
| Papillary                           | PAP           | Right Upper Lobe                        | RUL        |
| Past Medical History                | PMH           | Right Upper Quadrant                    | RUQ        |
| Pathology                           | PATH          | Rule Out                                | R/O        |
| Patient                             | PT            | Sacral Vertebra                         | S1-S5      |
| Pelvic Inflammatory Disease         | PID           | Salpingo-oophorectomy                   | SO         |
| Percussion & Auscultation           | P&A           | Serum Glutamic Oxaloacetic Transaminase | SGOT       |
| Percutaneous                        | PERC          | Serum Glutamic Pyruvic Transaminase     | SGPT       |
| Personal (Primary) Medical Doctor   | PMD           | Shortness of Breath                     | SOB        |
| Physical Examination                | PE            | Signs & Symptoms                        | S/S        |
| Platelets                           | PLT           | Skilled Nursing Facility                | SNF        |
| Poorly Differentiated               | PD, POOR DIFF | Small                                   | SM, SML    |
| Positive                            | POS (or +)    | Small Bowel                             | SB, SM BWL |
| Positron Emission Tomography        | PET           | Specimen                                | SPEC       |
| Possible                            | POSS          | Spine                                   |            |
| Posterior                           | POST          | Cervical Spine                          | C-SPINE    |
| Posteroanterior                     | PA            | Lumbar Spine                            | L-SPINE    |
| Postoperative(-ly)                  | PO, POSTOP    | Sacral Spine                            | S-SPINE    |
| Preoperative(-ly)                   | PREOP         | Thoracic Spine                          | T-SPINE    |
| Prescription                        | Rx            | Split Thickness Skin Graft              | STSG       |
| Present Illness                     | PID           | Squamous                                | SQ, SQUAM  |
| Prior to Admission                  | PTA           | Squamous Cell Carcinoma                 | SCC, SCCA  |
| Probable(-ly)                       | PROB          | Status Post                             | S/P        |
| Progesterone Receptor (Assay)       | PRA           | Subcutaneous                            | SUBQ, SQ   |
| Prostatic Intraepithelial Neoplasia | PIN           | Superior Vena Cava                      | SVC        |
| Prostatic Specific Antigen          | PSA           | Surgery, Surgical                       | SURG       |
| Pulmonary                           | PULM          | Symptoms                                | SX         |
| Radiation                           | RAD           | Thoracic                                | T          |
| Radiation Absorbed Dose             | RAD           | Thoracic Vertebra                       | T1-T12     |
| Radiation Therapy                   | RAD TX        | Total Abdominal Hysterectomy            | TAH        |
| Radical                             | RAD           | Total Abdominal Hysterectomy-           |            |
| Radioimmunoassay                    | RIA           | Bilateral Salpingo-oophorectomy         | TAH-BSO    |
| Red Blood Cells                     | RBC           | Total Parenteral Nutrition              | TPN        |
| Resection                           | RESEC         | Total Vaginal Hysterectomy              | TVH        |
| Respiratory                         | RESP          | Toxic Multi-Nodular Goiter              | TMNG       |
| Review of Systems                   | ROS           | Transitional Cell Carcinoma             | TCC        |
| Right                               | RT            | Transurethral Resection                 | TUR        |
| Right Costal Margin                 | RCM           | Transurethral Resection Bladder (Tumor) | TURBT      |
| Right Lower Extremity               | RLE           | Transurethral Resection of Prostate     | TURP       |
| Right Lower Lobe                    | RLL           | Treatment                               | TX         |

Tumor Size  
 Ultrasound  
 Undifferentiated  
 Upper Extremity  
 Upper Gastrointestinal  
 Upper Inner Quadrant  
 Upper Outer Quadrant  
 Vagina, Vaginal  
 Vaginal Hysterectomy  
 Vaginal Intraepithelial Neoplasia  
 Vascular  
 Veterans Administration  
 Vulvar Intraepithelial Neoplasia  
 Well Differentiated  
 White Blood Cells  
 With  
 Within Normal Limits  
 Without  
 Work-up  
 X-ray  
 X-ray Therapy  
 Year  
 Year-Old

TS  
 US  
 UNDIFF  
 UE  
 UGI  
 UIQ  
 UOQ  
 VAG  
 VAG HYST  
 VAIN  
 VASC  
 VA  
 VIN  
 WD, WELL DIFF  
 WBC  
 W/  
 WNL  
 W/OUT, W/O  
 W/U  
 XR  
 XRT  
 YR  
 Y/O

## Symbols

At  
 Comparison  
 Decrease, Less than  
 Equals  
 Increase, More than  
 Negative  
 Number\*  
 Positive  
 Pounds\*\*  
 Questionable  
 Times

@  
 /  
 <  
 =  
 >  
 -  
 #  
 +  
 #  
 ??  
 X

\* If it appears before a numeral.

\*\* If it appears after a numeral.





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